

# Doctor of Philosophy Comprehensive Examination Assessment

Student uLethbridge ID Number:

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Today's Date:

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All students in the Doctor of Philosophy program must take and pass comprehensive examinations by the end of their program's second year. At the time of admission, the Doctoral Program Committee gives students information on the comprehensive examination requirement.

The Chair of the Comprehensive Examination Committee passes on the examination results to the Dean of the School of Graduate Studies **within 24 hours in cases of a failed exam or within one week if the student passes the exam.**

For detailed information, review the Graduate Studies Calendar and Course Catalogue ([www.ulethbridge.ca/ross/academic-calendar](http://www.ulethbridge.ca/ross/academic-calendar)), the relevant SGS Policies and Procedures ([www.ulethbridge.ca/graduate-studies/policies-procedures](http://www.ulethbridge.ca/graduate-studies/policies-procedures)), and department/program specific approved comprehensive examination guidelines ([www.ulethbridge.ca/graduate-studies/doctor-philosophy/comprehensive-examination-guidelines](http://www.ulethbridge.ca/graduate-studies/doctor-philosophy/comprehensive-examination-guidelines)).

Student Information		
Surname:	First name:	Middle name:
Major:	Concentration:	
Supervisor name:	Supervisor name:	
Assessment		
Written examination date:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Oral examination date:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Other* examination date:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<i>* Any deviation or alternate process must be pre-approved by the relevant Graduate Program Office</i>		
Comprehensive Examination Committee membership		
Name:	Name:	Name:
Name:	Name:	Chair name:
Comprehensive Examination Committee Chair approval		
Comprehensive Examination Chair signature:		
Name (printed):	Date:	

**Submit completed form to the relevant Graduate Program Office.**

Graduate Program Committee approval	
Graduate Program Committee Chair signature:	
Name (printed):	Date:

*The personal information on this form is collected pursuant to the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act and will be used to document your progress in an academic program. If you have questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at, 403-332-4620 or by email to [foip@uleth.ca](mailto:foip@uleth.ca).*