

# Doctor of Philosophy Request for Comprehensive Examination

Student uLethbridge ID Number:  

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 Today's Date:  

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Doctoral students must successfully complete the Comprehensive Examination within the first two years of the program. **At least four (4) weeks before the scheduled date of the comprehensive examination**, the supervisor submits the Request for Comprehensive Examination form to recommend the membership of the Comprehensive Examination Committee to the relevant Graduate Program Committee.

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:	

Schedule of comprehensive examination			
<i><b>Note:</b> The written component is completed and assessed first. If the student passes the written portion, they continue to the oral component.</i>			
Written Component			
Date:	Room:	Time from:	Time to:
Oral component			
Date:	Room:	Time from:	Time to:

Comprehensive Examination Committee membership		
<i><b>Note:</b> The Comprehensive Examination Committee is unique to each student. It consists of members of the student's Supervisory Committee, plus a Chair. The Chair is a faculty member of the University of Lethbridge, from a discipline related to the student's research.</i>		
Name:	Name:	Name:
Name:	Name:	Chair name:

Supervisor(s) signatures	
<i>I certify that the recommended committee members and Chair are aware of and have agreed to serve on the student's Comprehensive Examination Committee.</i>	
Faculty supervisor signature:	Faculty co-supervisor signature (if applicable):
Name (printed):	Name (printed):
Date:	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).*

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<b>Department Chair signature</b>		
<i>I certify that I am aware of this Comprehensive Examination</i>		
Department Chair signature (if applicable):	Name:	Date:
Department Chair signature (if applicable):	Name:	Date:

Submit completed form to the relevant Graduate Program Office.

<b>School of Graduate Studies approval</b>
Graduate Program Committee Chair signature:
Name (printed):
Date:

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