

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 six (6) weeks before the scheduled date of the comprehensive examination**, the supervisor submits the Request for Comprehensive Examination form to the Graduate Program Office.

For detailed information, review the Graduate Studies Calendar and Course Catalogue (www.ulethbridge.ca/ross/academic-calendar), the relevant SGS Policies and Procedures (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).

Student Information			
Surname:		First name:	
Major: Education		Concentration:	
Supervisor name:		Supervisor name:	
Schedule of comprehensive examination			
Note: The written component is completed and assessed first. If the student passes the written portion, they continue to the oral component.			
Written Component			
Date Chair provides questions to student:	Days required (as per Guidelines): 28 35		Student Deadline to submit Date: Time:
Note: As per Comprehensive Examination Guidelines, the committee has three (3) weeks to review written responses prior to Oral component. Four (4) weeks between the written component deadline and the oral component deadline is recommended.			
Oral component			
Date:	Room:	Time from:	Time to:
Comprehensive Examination Committee membership			
Note: 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.			
Name:	Name:	Name:	
Name:	Name:	Chair name:	
Supervisor(s) signatures			
I certify that the recommended committee members and Chair are aware of and have agreed to serve on the student's Comprehensive Examination Committee.			
Faculty supervisor signature:		Faculty co-supervisor signature (if applicable):	
Name:		Name:	
Date:		Date:	
Submit completed form to the relevant Graduate Program Office.			
School of Graduate Studies approval			
Graduate Program Committee Chair:			
Name:	Signature:		Date: