



Recommendation for PhD Comprehensive Examination

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School of Graduate Studies

[School of Graduate Studies](http://www.mun.ca/sgs), Memorial University of Newfoundland, IIC-2012 (Bruneau Centre for Research and Innovation), St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: sgs@mun.ca

Student Information

MUN #:	Last Name:	First Name:	Middle Name:
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Academic Unit:	Date Coursework Completed:
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Date Language Requirement(s) Completed *(if required)*:

Date Student Notified of Subdiscipline(s) of Comprehensive:

(Must be at least three [3] months prior to the examination. Please attach written proof of notification.)

Supervisory Committee Members

Supervisor:	Academic Unit:
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Member I:	Academic Unit:
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Member II:	Academic Unit:
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Member III:	Academic Unit:
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Examination Committee – See [Regulation 2.4.8.2](#)

Chair ¹ :	Academic Unit:
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Supervisor:	Academic Unit:
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Member I:	Academic Unit:
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Member II:	Academic Unit:
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Member III:	Academic Unit:
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Examination Dates

Written:	Date:	Time:	Location:
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Oral:	Date:	Time:	Location:
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Note: In the case of those comprehensives which are written only, a copy of the examination paper and the student's answers must be sent to the Dean of Graduate Studies along with the notification of the examination result.

Signatures

Head or Graduate Officer:	Date:
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Dean of Graduate Studies:	Approved	Not Approved
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Dean's Signature:	Date:
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For Graduate Studies Use Only:

Delegate Appointed (Name):	Delegate Report Received:	Yes	No
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Date Academic Unit Recommendation Received:	PWD	Pass	Fail	Re-Exam
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Dean of Graduate Studies:	Date:
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Signature:	Date:
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Registrar Notified:	Yes	Student Notified:	Yes
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¹ Normally the head of the academic unit or delegate