



SCHOOL OF
GRADUATE STUDIES

Recommendation for PhD Comprehensive Examination

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Review the [How to create and insert a digital signature](#) webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form by email to: 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

Chair¹:	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:	PWD	Pass	Fail	Re-Exam
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Signature:	Date:
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Registrar Notified:	Yes	Student Notified:	Yes
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Updated September 2020

¹ Normally the head of the academic unit or delegate