THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Applied Science
School of Engineering
Okanagan Campus

Faculty of Applied Science
School of Engineering
Okanagan Campus
1137 Alumni Avenue
Kelowna, BC Canada V1V 1V7

PhD Comprehensive Knowledge Examination – Results Form

Student Name:	Date:
Student Program:	Student #:

Examination Details

◯ Oral: (no more than 3 hours)	Exam Date:	Exam Time:
	◯ In-person ◯ Virtual ◯ Hybrid	
	Room # (if required):	
◯ Take-Home: (no more than a week)	Start Date:	End Date:
	Duration Total (Days – may not exceed one week):	

Exam Result: ◯ PASS ◯ FAIL
☐ PDF file of the Questions/Answers is submitted with this form (for take-home exams only)

Supervisor Name:	**Signature:**	**Date:**
Co-supervisor Name:	**Signature:**	**Date:**
Committee Member Name:	**Signature:**	**Date:**
Committee Member Name:	**Signature:**	**Date:**
Committee Member Name:	**Signature:**	**Date:**
Assoc. Director of Graduate Students Name:	**Signature:**	**Date:**