



## Phd Comprehensive Knowledge Examination – Scheduling Form

*This form is to be received by the SOE Graduate Office no later than one month prior to the PhD Comprehensive Knowledge Examination date.*

Student Name:	Date:
Student Program:	Student #:
Supervisor:	Co-Supervisor:
Supervisor Program:	Co-Supervisor Program:
Committee Member:	Committee Member:
Chair: (Supervisor arranges if chair is required – Oral Examination only)	
Chair Program:	

## Examination Details

<b>Exam Type</b>			
Written: (no more than 3 hours)		Oral: (no more than 3 hours)	
Other: please provide details			
Exam Date:		Exam Time:	
Room Required?		Start Date:	
Yes	No		
In-person	Virtual	Hybrid	End Date:
Room # (booked by the SOE Graduate Office):			Duration Total (days – may not exceed one week)

Student advised of scope and depth of knowledge expected

Student informed of resources available during exam (ie: closed/open book exam, take home exam/computer/software requirements, etc.)

<b>Student Signature:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>
<b>Assoc. Director of Graduate Studies Signature:</b>	<b>Date:</b>