

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

Exam Type				
Written: (no more than 3 hours)		Oral: (no more than 3 hours)		Other: please provide details
Exam Date:		Exam Time:		
Room Required? 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.)

Student Signature:	Date:
Supervisor Signature:	Date:
Assoc. Director of Graduate Studies Signature:	Date: