



PhD Comprehensive Knowledge Examination – Results Form

Student Name:	Student #:
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Examination Details

Exam Type:			
Written:	Oral:	Other:	
Exam Date:		Start Date:	
Exam Time:		End Date:	
In-person	Virtual	Hybrid	Duration:
Room # (if required):		Questions/Answers in PDF submitted with form:	
Exam Result:	Pass		Fail

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 Studies:	Signature:	Date: