Candidacy Examination Plan

This form is to be completed by the student and the student’s supervisor and submitted to the Graduate Advisor prior to beginning the candidacy examination. This plan should also be circulated to all members of the supervisory committee at least one month prior to the scheduled examination. A copy of this form is to be provided to the student and will be kept in the student’s departmental file. Exams must be completed within 3 years of the start of the PhD and no more than 6 months should elapse between the writing of the two exams.

Student’s name & student #: ______________________________________________

Date of entry into the PhD program: ______________________________________

Program (e.g., CaBS, LS): ______________________________________________

Name of Supervisor: _____________________________________________________

Examination committee:

Primary examiner: _______________________________________________________

Secondary examiner(s): _________________________________________________

Additional examiner(s): _________________________________________________

Note: The examining committee may be (but is not required to be) the same as the supervisory committee and should involve at least 2 members (including the supervisor).
Clinical students should complete the Major Exam information below for the clinical exam and the Minor Exam section for their program area exam (i.e., CLS or CN).

Major (or clinical) Exam

Topic: ________________________________________________________________

Format: __________________________________________________________________

Start date: __________________ Anticipated completion date: __________________

Minor (or program area) Exam

Topic: ________________________________________________________________

Format: __________________________________________________________________

Start date: __________________ Anticipated completion date: __________________

Student’s signature: ___________________________ Date: ________________

Supervisor’s signature: ___________________________ Date: ________________

Graduate Advisor’s signature: __________________ Date: __________________