**Permission to Proceed to Comprehensive Examination Form**

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Student Name B00 Supervisor

**Comprehensive Plan**

**Members of the examining committee**

Supervisor/Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Examiner(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Number of Component Examinations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If members of the examining committee for each component examination are different for each committee, include the examining committee members in each description of the component examination.

**Brief description of each component examination** (attach to this form). This description MUST clearly include: a) what the candidate is required to do (e.g. written answer to predetermined question, article for submission to journal, literature review, oral defense of written documents etc.) b) due date for the component c) criteria for acceptable completion of the component (including any allowed revisions prior to final grading) d) due date for committee decision and communication of the decision to the candidate.

All members of the examining committee have received a copy of this plan and agreed to it.

The student has received a copy of this plan and agreed to it.

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Supervisor date

(scanned or electronic signatures are acceptable)

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Director date