

COMPREHENSIVE EXAMINATION PLANNING FORM

To be completed by the student. This form is to be submitted to the Dal AC Graduate Studies Office **four (4) weeks BEFORE** the proposed date of the Comprehensive Exam.

A. STUDENT INFORMATION

Name:	Student ID	Department
Address:		
Email:	Phone #	

B. RESEARCH AND SUPERVISORY COMMITTEE

1. Thesis Title:

2. Supervisory committee *(important that all information is completed below)*

Name	Phone #	email	Address
SUPERVISOR(S):			
Committee member:			
Committee member:			
Committee member:			
Committee member:			

C. PROPOSED EXAM DATES:

- A minimum of three possible times is required.
- Comprehensive exams will normally be scheduled for 2.5 h, 9:00-11:30 am, or 1:30-4:00 pm
- If a different time is needed, please give time and reason in comment section.

AM					
PM					

Comments: _____

Required Signatures:

The above dates have been set aside in my schedule, and as a committee member I commit to being present for the Comprehensive Examination. (The final time will be confirmed when arrangements have been made with the external examiner)

Name	Signature*	List dates for availability by video/telephone only

***An e-mail from the supervisor or committee member confirming these dates is acceptable in lieu of signature if that person is away from campus.**

D. SUGGESTED EXTERNAL EXAMINERS

List the names of three potential external examiners with their contact information, email and complete mailing address. Dalhousie faculty who are members of the Faculty of Graduate Studies may act as external examiners for Comprehensive Examinations. (Supervisors or students will contact potential external examiners in advance to confirm willingness and availability to serve on the committee PRIOR to submission of this form)

Name	Phone	E-mail	Mailing Address	Signature (Grad Coordinator)

E. The student is responsible for bringing a laptop computer and ensuring prior to the preliminary examination that they can operate the audio visual equipment. The exam will normally be scheduled in the CA Douglas room or Haley 112.

Graduate Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____