

PHD COMPREHENSIVE EXAMINATION RESULT

TO BE FILLED BY THE EXAMINING COMMITTEE AFTER THE ORAL EXAM AND SUBMITTED TO THE DEPARTMENTAL OFFICE

1) STUDENT INFORMATION

FAMILY NAME:	GIVEN NAMES:
STUDENT NUMBER:	DEPARTMENT:

2) EXAMINATION DETAILS

	Date and duration
Written Exams (minimum 2)	
Oral Exam	

3) RESULT (PLEASE CHECK THE APPROPRIATE BOX)

<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL*	<input type="checkbox"/> RE-EXAMINATION* (MARGINAL FAILURE)
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* IN THE EVENT OF A FAIL OF RE-EXAMINATION, THE EXAMINING COMMITTEE MUST PROVIDE A WRITTEN JUSTIFICATION FOR THIS RESULT.

3) APPROVAL OF EXAMINING COMMITTEE

Supervisor:		_____
Co-supervisor:		_____
Committee Members:		_____

4) APPROVAL OF DEPARTMENT

NAME—GRADUATE COORDINATOR	SIGNATURE	DATE

AFTER RECEIPT OF THIS FROM:

- A LETTER WILL BE ISSUED BY THE DEPARTMENT TO THE STUDENT INFORMING THEM OF THE EXAMINATION RESULT;
- A GRADE CHANGE FORM WILL BE SUBMITTED TO FGS FOR THE OFFICIAL RECORDING OF THE RESULTS IN THE STUDENT'S TRANSCRIPT.