

IDPhD Graduate Student Program Update Form

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| NAME OF STUDENT: | | PROGRAM: IDPhD | |
| STUDENT NUMBER: | | PROGRAM START DATE: | |
| DEPARTMENT / SCHOOL: | | | |
| CLASS DELETE: | | CLASS ADD: | |
| | | | |
| | | | |
| b) CHANGE IN LANGUAGE REQUIREMENT: | | DELETE: | ADD: |
| c) DATE LANGUAGE REQUIREMENT SATISFIED: | | | |
| d) NEW SUPERVISOR: | | | |
| e) SUPERVISING COMMITTEE ADDITION OR CHANGES: | | | |
| f) DOCTORAL PRELIMINARY EXAM (COMPREHENSIVE, QUALIFYING)*: | | | |
| REPORT USING IDPHD COMPREHENSIVE (S) COMPLETION FORM | | | |
| g) THESIS PROPOSAL (DOCTORAL)*: | | DATE TAKEN: | <input type="checkbox"/> PASSED |
| h) CHANGE IN DEGREE PROGRAM: | | CURRENT PROGRAM: | |
| | | NEW PROGRAM: | |
| i) PLEASE CHECK G SIS ONE MONTH FOLLOWING SUBMISSION & APPROVE CHANGES. | | | |
| STUDENT — SIGNATURE | | DATE | |
| | | | |
| SUPERVISOR — SIGNATURE | | DATE | |
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| GRADUATE COORDINATOR OR CHAIR/DIRECTOR — SIGNATURE | | DATE | |
| FACULTY OF GRADUATE STUDIES APPROVAL: | | | |
| | | | |
| SIGNATURE | | DATE | |