

Candidacy Examination Scheduling Request

Student Name:	Student ID:
Title of Research Proposal:	
Supervisor(s):	

Examination Committee:

Chair (*Program Director or delegate*)

Department

Member (*Supervisor 1*)

Department

Member (*Supervisor 2, if applicable*)

Department

Member (*Supervisory Committee Member*)

Department

Member (*Supervisory Committee Member*)

Department

Written Examination Date: _____ Time: _____ AM/PM Room: _____
DD/MM/YY

Oral Examination Date: _____ Time: _____ AM/PM Room: _____
DD/MM/YY

Student's Signature

Supervisor's Signature

NOTE: The Oral Examination date is normally two weeks after the Written Examination date.

Program Director's Signature

Date