

Candidacy Examination Scheduling Request

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

Examination Committee:

_____	_____
Chair (<i>Program Director or delegate</i>)	Department
_____	_____
Member (<i>Supervisor 1</i>)	Department
_____	_____
Member (<i>Supervisor 2, if applicable</i>)	Department
_____	_____
Member (<i>Supervisory Committee Member</i>)	Department
_____	_____
Member (<i>Supervisory Committee Member</i>)	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