



PhD Comprehensive Examination Committee

Student Number		Start Date:	<input type="text"/>
Surname	<input type="text"/>	Given Name	<input type="text"/>
Supervisor	<input type="text"/>	Co-Supervisor	<input type="text"/>
Thesis Topic	<input type="text"/>		

This form must be submitted to the BME office 3 weeks prior to exam date

NOTE: All committee members MUST be in attendance at the PhD Comprehensive Exam

Name of Committee Member	Department	Signature

The BME Office will assist with room reservations if needed. Please complete date and time.

Examination Date: Time: Room (if applicable)

The BME Office will select the Chair

Chair

Supervisor Signature	<input type="text"/>	Date	<input type="text"/>
Student Signature	<input type="text"/>	Date	<input type="text"/>
PROGRAM APPROVALS			
Signature	<input type="text"/>	Date	<input type="text"/>