Lakehead
UNIVERSITY

Biotechnology PhD

COMPOSITION
OF COMPREHENSIVE EXAMINATION COMMITTEE

To be completed by end of Semester 3 Due: _____

Name of student: _____ **Student ID:** _____ **Start date:** _____

Title of Dissertation: _____

_____

The following will serve on the above student's Comprehensive Examination Committee

Chair of Examination Committee:

Name	Signature	Date

Supervisor/ Co-supervisor:

Name	Signature	Date
Name	Signature	Date

External Member:
(This member cannot be a member of the Supervisory Committee and needs to be a member of the Lakehead University Faculty of Graduate Studies.)

Name	Signature	Date

Membership in the following Lakehead University Graduate Program:

_____
Name of Graduate Program

Supervisory Committee members:

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

Graduate Coordinator:

Name	Signature	Date

Student:

Name	Signature	Date