

SCOPE OF COMPREHENSIVE EXAMINATION

To be completed by end of Semester week4 by semester3 Due:

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

Examination Date: _____

Description of Scope

The attached list has been approved by Comprehensive Examination Committee.
Please attach the list of research papers and/or books, book chapters etc.

Please check one below.

This was discussed

at the meeting on _____

Date

via email discussion *(please attach print out of discussion)*

Supervisor/

Co-supervisor:

Name

Signature

Date

Name

Signature

Date

Examination Committee members:

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Graduate Coordinator:

Dr. Rob Mawhinney

Name

Signature

Date

Student:

Name

Signature

Date