

COMPOSITION OF CANDIDACY (COMPREHENSIVE) EXAMINATION COMMITTEE

Name of the Student: _____

Title of Thesis: _____

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

Supervisor/Co-supervisor

Name Signature Date

Name Signature Date

Internal Examiners

Supervisory
Committee?

Name Signature Date Yes No

Name Signature Date Yes No

Name Signature Date Yes No

External Examiner

Name Signature Date

Institution

Graduate Coordinator

Name Signature Date

This form is to be returned to the Graduate Coordinator
