

## RESULTS OF CANDIDACY (COMPREHENSIVE) EXAMINATION

Name of the Student: \_\_\_\_\_

Examination Date: \_\_\_\_\_ Start Date in the Program: \_\_\_\_\_

Supervisor/Co-supervisor

_____ Name	_____ Signature	_____ Date	_____ Pass	_____ Fail
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_____ Name	_____ Signature	_____ Date	_____ Pass	_____ Fail
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Internal Examiners

_____ Name	_____ Signature	_____ Date	_____ Pass	_____ Fail
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_____ Name	_____ Signature	_____ Date	_____ Pass	_____ Fail
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_____ Name	_____ Signature	_____ Date	_____ Pass	_____ Fail
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External Examiner

_____ Name	_____ Signature	_____ Date	_____ Pass	_____ Fail
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Consensus Result: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Allowed a second attempt

Graduate Coordinator

_____ Name	_____ Signature	_____ Date
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This form is to be returned to the Graduate Coordinator