



Mechanical Engineering

PhD Comprehensive Exam Request – Form #1

Please consult the Department of Mechanical Engineering's Policies and Procedures for the PhD comprehensive Examination before completing this form.

THIS FORM MUST BE SUBMITTED TO THE DEPARTMENT WITH ALL SIGNATURES AT LEAST THREE WEEKS IN ADVANCE OF THE EXAMINATION

Student's Name: _____

Student Number: _____ Student's Start Date: _____

Supervisor's Name: _____
(In case of joint supervision, please provide names of all co-supervisors.)

Research Project Title: _____

Has a short report outlining the student's research work conducted, proposed research plan, and timeline for completion of degree requirements been submitted to the department and all examination committee members?

Yes No

Date, Time and Location of Oral Exam (must be arranged with 3 weeks' notice to committee):

The comprehensive examination committee shall consist of at least three voting members, including the chair. Two of the members (including the supervisor) should be from the student's supervisory committee. Examination Committee Members in addition to Supervisor(s):

<p>Committee Member #1</p> <p>Name: _____</p> <p>Title/Position: _____</p> <p>Affiliation: _____</p> <p>Email: _____</p>	<p>Committee Member #2</p> <p>Name: _____</p> <p>Title/Position: _____</p> <p>Affiliation: _____</p> <p>Email: _____</p>
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Examiner, from the Lassonde School of Engineering, at arm's length from the supervisor who will also serve as Chair of the examining committee

Name: _____ Title/Position: _____

Affiliation: _____ Email: _____

Topics assigned to the student for oral examination (optional).
1: _____
2: _____

Student's Signature: _____ Date: _____
Supervisor's Signature: _____ Date: _____
GPD's Signature: _____ Date: _____