OTTAWA-CARLETON GEOSCIENCE CENTRE

ERTH 6908 – Ph.D. Comprehensive Examination Form

Student Name _____

Student Number _____

Thesis Project Title

_____

Please indicate the fields of examination and the examiner's name. The form must be approved and signed for the fields of examinations and examiners by the Graduate Supervisor/Designate prior to the Examiner's signatures on the form.

Fields of Examination	**Examiners**
_____	_____ **Thesis Supervisor**
_____	_____
_____	_____
_____	_____

Proposed Month and Year of Examination

_____ **Month / Day** _____ **Year**

Signature of Graduate Supervisor/Chair/Director

_____ **Signature/Date**

Examiners' Signatures* Approving Proposal

_____	_____ **Date**
_____	_____ **Date**
_____	_____ **Date**
_____	_____ **Date**

* Each examiner shall endeavor to inform the student fully of the probable range of questions to be expected in the examiner's area of expertise. The signature will confirm that this consultation has taken place and that the examiners individually have endeavored to prepare the student for the examination.