



PhD Departmental Oral Examination

Name of Candidate: _____ Student ID: _____

Thesis Title: _____

Date/Time of Examination: _____ Location: _____

Committee Members: _____(Supervisor)

_____ (Chair)

Result: Proceed to SGS Oral Examination (see comments below):

- Yes (Examination Committee Nomination Form and Certificate of Completion enclosed)
- No

Comments:

Date: _____ Signed: _____

Chair

Examiners