Any personal information collected on this form is collected under the legal authority of the *Royal Charter of 1841*, as amended. The personal information will be used to identify the student named on the form.

RETURN THIS COMPLETED AND SIGNED FORM TO THE SCHOOL OF GRADUATE STUDIES, ROOM 425 GORDON HALL, ON OR BEFORE THE SCHEDULED DATE OF THE EXAMINATION.

PHD COMPREHENSIVE/QUALIFYING EXAMINATION CIVIL ENGINEERING DEPARTMENT/PROGRAM: NAME OF STUDENT: STUDENT NUMBER: DATE AND TIME OF EXAMINATION: **COMMITTEE MEMBERS**: CHAIR: **EXAMINERS:** PROCEDURES CHECKLIST: 1. The student has received a copy of the procedures governing comprehensive/ qualifying examinations in our department/program. 2. The timing of the examination falls within the framework established for our department/program and set out in the procedures. 3. The student has been informed of the criteria to be used to determine the outcome of the examination. SIGNATURES: DATE: _____ Graduate Coordinator DATE: _____

Revised November 2014

Student

DEPARTMENT OF CIVIL ENGINEERING

PhD COMPREHENSIVE EXAMINATION COMMITTEE REPORT

Student Name:			
Student Number:			
Date of Exam:			
F	Pass Referred		
Comments:	ail		
			
Examiner #1	Name:		
	Signatu	ıre:	
Examiner #2	Name:		
	Signatu	ıre:	
Supervisor/Co-Supervisor N	lame(s):		
	Signatu	ıre(s):	
Graduate Coordinator/delega Signature:	te Name:		
Student:	Name:		
	Signatu	ıre:	