

Candidacy Examination Scheduling Request

Student Name:	Student ID:
Title of Research Proposal	
Supervisor(s):	

Examination Committee

Chair

Department

Member

Department

Member

Department

Member

Department

Member

Department

*External Member (optional)**

Affiliated University/Company

*Please complete this section for any External Member in the Oral Examining Committee:

Name:	
Position:	
Address:	
Phone Number:	E-mail:

Written Examination Date: _____
DD/MM/YY

Time: _____ **a.m./p.m.** **Room:** _____

¹Oral Examination Date: _____
DD/MM/YY

Time: _____ **a.m./p.m.** **Room:** _____

Student's Signature

Supervisor's Signature

Confirmation by Program Director

Program Director's Signature

Date

¹The Oral Examination date is normally two weeks after the Written Examination date.