

BIOMEDICAL ENGINEERING GRADUATE PROGRAM
YEATES SCHOOL OF GRADUATE STUDIES

Candidacy Exam Scheduling Request Form

Student Name: _____

Title of Research Proposal: _____

Supervisor(s): _____

Examination Committee

Chair Department

Member Department

Member Department

Member Department

Member Department

Member (Optional) Department

Written Exam Date: _____ **Time:** _____ a.m./p.m. **Room:** _____
DD/MM/YY

¹ Oral Exam Date: _____ **Time:** _____ a.m./p.m. **Room:** _____
DD/MM/YY

Student's Signature

Supervisor's Signature

Confirmation by Program Director

Program Director's Signature

Date

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