

## 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:** \_\_\_\_\_

DD/MM/YY

**Time:** \_\_\_\_\_ a.m./p.m.

**Room:** \_\_\_\_\_

**<sup>1</sup> Oral Exam 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

<sup>1</sup> The Oral Examination date is normally two weeks after the Written Examination date.