



**Yeates School of Graduate Studies  
Graduate Program in Civil Engineering**

**PhD Candidacy Examination Scheduling Request**

Student Name	Student ID
Supervisor	
PhD Proposal Title	
First Term of Study	Expected Term of Completion

<b>Examination Committee</b>	
Chair	Department
Member	Department
Member	Department
Member	Department
Member	Department
External Member (Optional)	University
COMPLETE mailing address for External Examiner	
E-Mail address for External Examiner	Phone Number for External Examiner

Written Examination Date	Time	Room
Oral Examination Date	Time	Room

Student's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

**Note:** If any multimedia equipment is required for the exam, students are responsible in making advanced booking arrangements.

**Confirmation by Program Director**

Program Director's Signature \_\_\_\_\_