

## PhD Candidacy Examination Scheduling Request Form

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

### Examination Committee Members:

	Name	Department/University
Chair		
Member (Supervisor)		
Member (Required)		
Member (Required)		
Member (Optional)		
Member (Optional)		

The Examination Committee must include the student's supervisor(s), one faculty member from the Civil Engineering department, and at least one additional member who be a faculty member from the Civil Engineering program, another TMU graduate program with YSGS membership, and an associate member from the Civil Engineering program.

	Date & Time	Room
Written Examination		
Oral Examination		

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

Student's Signature

Date

\_\_\_\_\_

Supervisor's  
Signature

Date

\_\_\_\_\_

Associate Chair's  
Signature

Date

\_\_\_\_\_