



YEATES SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF COMPUTER SCIENCE

PhD Candidacy Examination Request

Student Name:	Student ID#:
Supervisor(s):	
Research Topic:	

Please list the four Examination Committee members:

	Name	Department/Organization
Chair		
Supervisor		
Member		
Member		

Please complete for any external member listed above:

Name:	Email:
Position:	Telephone:
Mailing Address:	

Scheduling: *(Reminder: Written exam pick-up is 3 weeks before oral exam and return is 2 weeks before oral exam)*

Proposal has been submitted to Examination Committee members:

	Date:	Time:	Location:
Written exam – Pick-up			
Written exam – Return			
Oral examination			

Please sign:

	Signature	Date
Student:		
Supervisor(s):		
Director:		