

**Faculty of Applied Science** School of Engineering Okanagan Campus

## Phd Comprehensive Knowledge Examination – Scheduling Form

This form is to be received by the SOE Graduate Office no later than one month prior to the PhD Comprehensive Knowledge Examination date.

| Student Name:   | Student #:        | Date: |  |  |
|---|-------------------|-------|--|--|
| Supervisor:   | Co-Supervisor:    |       |  |  |
| Committee Member:   | Committee Member: |       |  |  |
| Chair: (Supervisor arranges if chair is required – Oral Examination only) |                   |       |  |  |

## **Examination Details**

| Exam Type                   |            |                              |        |   |  |  |  |
|-----------------------------|------------|------------------------------|--------|---|--|--|--|
| Written: (no more than 3 ho | urs) Or    | Oral: (no more than 3 hours) |        | Other: please provide details                   |  |  |  |
|                             |            | -                            |        |   |  |  |  |
| Exam Date:                  |            | Exam Time:                   |        |   |  |  |  |
|                             |            |                              |        |   |  |  |  |
| Room Required?              |            |                              |        | Start Date:                                     |  |  |  |
| Yes                         | No         | )                            |        |   |  |  |  |
| In-person Vir               | tual       |                              | Hybrid | End Date:                                       |  |  |  |
| Room # (booked by the SO    | E Graduate | Office):                     |        | Duration Total (days – may not exceed one week) |  |  |  |
|                             |            |                              |        |   |  |  |  |

Student advised of scope and depth of knowledge expected

Student informed of resources available during exam (ie: closed/open book exam, take home exam/computer/software requirements, etc.)

| Student Signature:                             | Date: |  |
|--|-------|--|
| Supervisor Signature:                          | Date: |  |
| Assoc. Director of Graduate Studies Signature: | Date: |  |