

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:	