

COMPREHENSIVE EXAM APPROVAL FORM

Please attach the final copy of your comprehensive course outline/paper/take-home exam to this form and submit everything to the Program Office.

Student Information	
Name	
Student Number	Date
Email Address	
Comprehensive Area Information	
Area in which the comprehensive was completed:	
Method by which the comprehensive was completed:	Date of Oral Exam/Adjudication:
Date of Completion (date upon which all specified revisions are completed, if necessary; take-home exam option does not allow for revisions):	
Comprehensive Committee Information	
By signing below, the committee confirms that the student has successfully completed an oral examination of their comprehensive and where necessary, has undertaken all required revisions.	
Supervisor:	
Supervisor Signature:	
Member:	
Member's Signature:	
Member:	
Member's Signature	
Student Permission	
I agree to share this comprehensive with other students.	
I do not wish to share this comprehensive with other students.	

Student Signature: