

PhD Appraisal Examination Form

Student Name:

Student Number:

Thesis Title:

PhD Appraisal Examination Date:

Exam Location:

7 ca a jHhY7\ Ujf:

7 ca a jHhY7\ Ujf Please print appropriate name in each cell	FYWca a YbXUjcb			Gj[bUhi fY
	Pass	Conditional Pass	Fail	
Supervisor				
Co-Supervisor				
Supervisory Committee Member				
Supervisory Committee Member				
DPES Member				
DPES Member				

If result is 7 cbXjhcU`DUgg, please indicate what conditions must be met for a full pass:

Deadline date for conditions to be met. _____

Comments or Remedial Action Recommendations (courses, conferences, workshops, etc.):

Recommendations for improvement of the candidate's general background knowledge, and proposed research program.

Ghi XYbh8 YWUfUjcb.

I confirm that I have read and understood all of the above comments and recommendations. If the result was a Fail, I understand that the appraisal will need to be retaken within four months. If the result is a Conditional Pass, I understand that I will need to submit the documentation requested by the deadline specified or the Conditional Pass will be considered a Fail and the appraisal will need to be retaken within four months.

Student Signature: _____ Date: _____

H YW Ujf'cZH Y'YI Ua]bUjcb'Wta a]HYY'g'fYgdcbg]V'Y'Z'f'gi Va]H]b['H]g'Z'fa 'hc'H Y8 D9 G'; fUXi UH' CZ]W'k]H]b'&(\ ci fg'cZH Y'YI Ua]bUjcb'ffcca '9J&) &L"

Chair's Signature _____ Date: _____

The DPES Graduate Office will provide the student with a copy of the completed and signed PhD Appraisal Examination Report for their records.