

FORM. The intent of this form is to formally report the outcome of the candidate's comprehensive examination to the Office of Graduate Studies.

PROCEDURE. Submit this form to the Office of Graduate Studies (GradStudies@twu.ca) immediately following the comprehensive exam.

POLICY. [PhD Comprehensive Examination](#), ED April 2024.

STUDENT INFORMATION

STUDENT NAME	STUDENT ID	EMAIL
PROGRAM OF STUDY		

SUPERVISORY COMMITTEE MEMBERS

ROLE	NAME	INSTITUTION/PROGRAM	EMAIL
THESIS ADVISOR			
CO-ADVISOR			
DEGREE COMMITTEE MEMBER			
DEGREE COMMITTEE MEMBER			

EXTERNAL SUPERVISORY COMMITTEE MEMBER REQUEST

If requesting consideration for a committee member who is external to TWU, complete the information below.

NOTE: Thesis Advisors must be internal to the program.

NAME	DEGREE	EMAIL
INSTITUTION	CURRENT POSITION	
SUPERVISORY COMMITTEE POSITION REQUESTED ☐ Co-Advisor ☐ DEGREE COMMITTEE MEMBER		
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE		
☐ CV attached or ☐ Bio link provided here:		

ENDORSEMENT

We agree to the supervisory committee members as listed above and confirm that the members are policy eligible and willing to comply with policy roles and responsibilities.

_____ Student	_____ Signature	_____ Date
_____ Program Director	_____ Signature	_____ Date
☐ Thesis Advisor / ☐ Co-Advisor	_____ Signature	_____ Date
_____ Co-Advisor (if needed)	_____ Signature	_____ Date

FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY

DATE RECEIVED BY OGS	OGS DETERMINATION ☐ Approved ☐ Not Approved
SIGNATURE	SIGNATORY DATE

