



Oral Examination of the Comprehensive Exam Report Form

Student Name:

Student home university ID #:

Field of Study:

Date of Comprehensive Exam:

Doctoral Committee Members (print name)

Supervisor:

Co-supervisor (if applicable):

Committee Member:

Committee Member:

Committee Member: (Optional):

External Examiner:

Associate Dean (Windsor)/
Chair Graduate Studies in Education (Lakehead)/
PhD Graduate Program Director (Brock) or Designate:

The signatures below affirm that the named student has successfully completed the oral examination of the comprehensive portfolio.

Student:

Date:

Supervisor:

Date:

Co-supervisor (if applicable):

Date:

Committee Member:

Date:

Committee Member:

Date:

Committee Member (Optional):

Date:

Associate Dean (Windsor)/

Chair Graduate Studies in Education (Lakehead)/

PhD Graduate Program Director (Brock) or Designate:

Date:

External Examiner:

Date: