



REPORT OF JOINT PHD COMPREHENSIVE PORTFOLIO AND ORAL DEFENSE EXAMINATION COMMITTEE

Name of Candidate:

Student Number:

Title of the Comprehensive Portfolio:

Field of Study:

Date of the Examination:

As a Chair of the Comprehensive Portfolio oral defense, I confirm that each member of the Examining Committee identified below has given their verbal approval of the evaluation of the Comprehensive Portfolio and oral defense as noted below.

Chair of the oral defense (print name):

Chair of the oral defense signature on behalf of the examining committee:

Candidate's External Examiner (print name):

Candidate's Supervisor (print name):

Candidate's Committee member (print name):

Candidate's Committee member (print name):

Candidate's Committee member (print name):

Evaluation of the Comprehensive Portfolio and oral defense (Check one):

- 1. Comprehensive Portfolio and oral defense acceptable: ☐**
- 2. Comprehensive Portfolio and oral defense acceptable subject to modifications: ☐**
- 3. Comprehensive Portfolio and oral defense unacceptable: ☐**

Grade (Check one): Pass: ☐ Fail: ☐