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NOTICE AND APPROVAL OF Ph.D. COMPREHENSIVE EXAMINATION COMMITTEE

Name:	Given Name(s):	UBC Student #:	
Graduate Program:			
Examination Date:	Time:	Location:	
Topic of Examination:			
Examining Committee (see instructions): (Quorum: Chair plus 2 supervisory committee members plus one outside of the supervisory committee plus one from another Grad Program or Dept)			
_____	_____	_____	_____
Examination Chair	Title	Affiliation	Signature
_____	_____	_____	_____
Supervisor	Title	Affiliation	Signature
_____	_____	_____	_____
Co-Supervisor	Title	Affiliation	Signature
_____	_____	_____	_____
Supervisory Committee Member	Title	Affiliation	Signature
_____	_____	_____	_____
Supervisory Committee Member	Title	Affiliation	Signature
_____	_____	_____	_____
Supervisory Committee Member	Title	Affiliation	Signature
_____	_____	_____	_____
Non Supervisory Committee Examiner	Title	Affiliation	Signature
_____	_____	_____	_____
Examiner (outside of Student's Program)	Title	Affiliation	Signature
_____	_____	_____	_____
	Date	Signature (Student)	
_____	Approval Date	Signature (Approved by Associate Dean, Graduate Programs)	

* To be approved by the Office of the Associate Dean, Graduate Programs and circulated to all examiners and the student at least 3 weeks before the examination.