



SCHOOL OF ENGINEERING

Surname: _____
 Given Name: _____
 Student Number: _____

QUALIFYING EXAMINATION REQUEST FORM

The undersigned, as members of the Advisory Committee for the above-named candidate, certify that the student is sufficiently prepared to take the Qualifying Examination, both written and oral. Successful completion of both parts will qualify the student as candidate for the Ph.D. degree.

Attached is an evaluation of the student's performance in the required courses and the student's potential as a researcher.

READY NOT READY

If the advisory committee deems the student is not ready to proceed with this examination, please provide supporting documentation.

 Student's signature

 Date

Endorsed by:

 Graduate Co-ordinator

 Date