

PhD Mid-Level Comprehensive Examination Form**Student Name:** _____**Date of Meeting:** _____**Initial Term of Enrollment:** ☐ Fall 20____ ☐ Winter 20____ ☐ Summer 20____**Current Term of Enrollment (e.g. 2nd term, 3rd term etc.):** _____ term**Evaluation of the quality of the written General Introduction:**

Evaluation of the student's performance during the examination:

Anticipated Date for Next Advisory Committee Meeting (month/year): _____

**Based on the material covered and the student’s performance, we agree that
(student name) _____ continue in the
PhD program.**

<div></div> <div>Supervisor (please print legibly)</div>	<div></div> <div>Supervisor (signature)</div>
<div></div> <div>Co or Joint Supervisor (please print legibly)</div>	<div></div> <div>Co or Joint Supervisor (signature)</div>

_____ Graduate Executive Member (please print legibly)	_____ Graduate Executive Member (signature)	
_____ Advisor No. 1 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 2 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 3 (please print legibly)	_____ Home Dept.	_____ Signature

Note: the completed form with signatures must be submitted to the Medical Biophysics Academic Programs Coordinator & Graduate Chair askmbp@uwo.ca medbiogradchair@uwo.ca