

PhD CANDIDACY EVALUATION
GRADUATE PROGRAM
MICROBIOLOGY AND IMMUNOLOGY

Examination Scheduling Request Form

STUDENT: _____

CURRENT PROGRAM:

M.Sc.

Ph.D.

SIGNATURE: _____

STUDENT NUMBER: _____

PROPOSAL TITLE: _____

One evaluator recommended by the supervisor: _____

Supervisor:

Name: _____

please print

Signature

- Evaluators will be selected by the Graduate Studies Committee.
- The student is responsible for scheduling exam date and time.

===== **Office Use** =====

Confirmed Evaluation Date, Time & Room: _____

Confirmed Evaluators Name, e-mail & room number:

1. _____

2. _____

3. _____