

YORK UNIVERSITY
Graduate Program in Health

Ph.D. Comprehensive Oral Examination Evaluation Form

Name of student: _____	Student ID: _____
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Stage 1 – Written Comprehensive Paper Evaluation

Date written papers submitted to supervisors: _____

RESULT:

Proceeding with the scheduled oral examination

Revisions within a month (see note 1, 2 and 3)

APPROVALS:

Name of Comprehensive Committee Member: _____

Signature: _____	Date _____
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Name of Comprehensive Committee Member: _____

Signature: _____	Date _____
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Note 1: The supervisors of comprehensive papers would review the revised written paper(s) and notify the Graduate Program Office of their approval for the scheduling of the Oral Examination of the papers (stage 2).

Note 2: If the revised papers do not meet the Program Learning Outcomes, the supervisors will inform the Graduate Program Director and this will result in student’s withdrawal from the program.

Note 3: In case of no re-submission of the revised papers within one month, the supervisors will inform the Graduate Program Director and this will result in student’s withdrawal from the program for lack of meeting the academic program milestones.

Graduate Program Director

Signature: _____

Date: _____