

**YORK UNIVERSITY
Graduate Program in Health**

Ph.D. Comprehensive Oral Examination Evaluation Form

Name of student: _____

Student ID: _____

Stage 2 – Oral Comprehensive Paper Evaluation

Date & Venue of the oral examination: _____

RESULT:

- Pass
- Pass with specified revision(s)
- Pass with major revision(s)
- Fail

APPROVALS:

Name of Comprehensive Committee Member: _____

Signature: _____

Date: _____

Name of Comprehensive Committee Member: _____

Signature: _____

Date: _____

EXAM CHAIR: Graduate Program Director or Delegate

Name of Comprehensive Committee Member: _____

Signature: _____

Date: _____

COMMENTS: (If the result is "Specified revision(s)" or "Major revision(s)", specify work to be done with deadline.)