YORK UNIVERSITY
Graduate Program in Health

Ph.D. Comprehensive Oral Examination Evaluation Form

Name of student: _____

Date completed written examination: _____

Date of oral examination: _____

RESULTS:

☐ **Pass**
☐ **Pass with conditions**
☐ **Unsatisfactory** (Candidates who receive an unsatisfactory rating on the examination have one opportunity to retake the comprehensive examination within six months of the date of the first examination. A second failure will result in expulsion of the student from the program.

COMMENTS: (If the result is "Pass with Conditions", specify work to be done with deadline.)

APPROVALS:

Name of Committee Member	Signature
Name of Committee Member	Signature
Name of Committee Member	Signature
Graduate Program Director or designate	Signature

Date: _____