THE QUALIFYING EXAMINATION

☐ Written Examination on (date) .......................................................... time ................................................
  venue ................................ ..........................................................

☐ Oral Examination on (date) .......................................................... time ................................................
  venue ................................ ..........................................................

☐ Other (please specify) .................................................................
  date ................................................................. time ................................................
  venue ................................ ..........................................................

QUALIFYING EXAMINATION COMMITTEE

1. Lect. / Asst.Prof. / Assoc.Prof. / Prof. ......................................................... Chair
   Highest degree obtained .................................................................
   ☐ employed at Department/unit ........................................ Faculty/Institute/College ........................................
   ☐ Outside Specialist Affiliation .................................................
   Ask for permission ☐ No need ☐ Ask for permission from (position) ........................................

2. Lect. / Asst.Prof. / Assoc.Prof. / Prof. ................................................... Member
   Highest degree obtained .................................................................
   ☐ employed at Department/unit ........................................ Faculty/Institute/College ........................................
   ☐ Outside Specialist Affiliation .................................................
   Ask for permission ☐ No need ☐ Ask for permission from (position) ........................................

3. Lect. / Asst.Prof. / Assoc.Prof. / Prof. ................................................... Member
   Highest degree obtained .................................................................
   ☐ employed at Department/unit ........................................ Faculty/Institute/College ........................................
   ☐ Outside Specialist Affiliation .................................................
   Ask for permission ☐ No need ☐ Ask for permission from (position) ........................................

4. Lect. / Asst.Prof. / Assoc.Prof. / Prof. ................................................... Member
   Highest degree obtained .................................................................
   ☐ employed at Department/unit ........................................ Faculty/Institute/College ........................................
   ☐ Outside Specialist Affiliation .................................................
   Ask for permission ☐ No need ☐ Ask for permission from (position) ........................................

Signature ........................................................................
(...................................................)

Program Director

Date ........................................................................

Note: 1. Submit this form (GR 35) to the appropriate branch office of the Faculty of Graduate Studies within 15 working days before the examination date.
2. If there are more than 4 members of the qualifying examination committee, please use an additional form.

June 21, 2006