

**REPORT ON GRADUATE
STUDENT COMPREHENSIVE
EXAMINATION**



GRADUATE STUDENT SUPERVISORY COMMITTEE

This form is to be complete by the Comprehensive Examination Chair either during or immediately after the examination and sent to the entire examination committee, student, and supervisor, with a copy to the PALM GS Program Coordinator at heather.cheadle@pathology.ubc.ca within 4 business days of the meeting. Please type the report in the space provided.

NAME (FIRST, LAST) _____

DATE _____

LOCATION _____

COMPOSITION OF EXAMINATION COMMITTEE

ROLE	NAME (FIRST, LAST)
CHAIR	
SUPERVISOR	
SUPERVISORY COMMITTEE EXAMINER	
PALM EXTERNAL EXAMINER	
EXTERNAL EXAMINER	
ADDITIONAL EXTERNAL EXAMINER (IF REQUIRED)	

A. About the Examination Committee: (Include a short description of the composition)

B. About the Proposal: (Include a short description of the proposal submission)

C. About the Examination: (Include a short description of the examination)

D. About the Candidate Presentation: (Include a short description of the presentation)

E. About the Supervisor Feedback: (Include a short description of the discussion)

F. About the In Camera Discussion: (Include a description of the in-camera discussion and final outcome)

G. About the Committee Decision: (Include the final mark and any conditions)

The decision by the Committee:

PASS

FAIL

PASS WITH THE FOLLOWING CONDITIONS:

a. _____

b. (If needed) _____

c. (If needed) _____

DATE OF EXAM _____

NAME OF CHAIR _____

SIGNATURE _____