**APPROVAL OF COMPREHENSIVE EXAM TOPIC AND EXAMINATION COMMITTEE**

**please complete all 4 sections**

**use language suitable for a science audience not trained in the specific field**

**return to the Graduate Program Coordinator (heather.cheadle@pathology.ubc.ca)**

|  |  |
| --- | --- |
| **Date** |  |

**Section A (to be completed by student)**

|  |  |
| --- | --- |
| Name |  |
| Student # |  |
| Candidacy Deadline |  |
| Email |  |
| Phone |  |
| STREAM: |  |

☐STEP (Strategic Translation and Extension of Project) A topic that is either a future-cast project, or a side-line project, that addresses an original hypothesis that builds on the student’s current proposal.

☐LEAP (Lateral Exploration of Alternate Project) A topic outside the immediate thesis topic that addresses an original hypothesis distinct from the student’s thesis topic. This option is similar to the comprehensive exam format in place prior to 2024.

|  |  |
| --- | --- |
| **Thesis summary (include theory of aims and methods below)** | |
| **Thesis title:** |  |
| (Please cut and paste into this form; **250** words maximum) | |

|  |  |
| --- | --- |
| **Comprehensive examination proposal summary** | |
| **Comprehensive exam title:** |  |
| (Please cut and paste into this form; **600** words maximum) | |

|  |
| --- |
| List **similarities** between thesis and comprehensive proposal  (Use bullets to ensure clarity; **75** words maximum) |
|  |

|  |
| --- |
| List **differences** between thesis and comprehensive proposal  (Use bullets to ensure clarity; **75** words maximum) |
|  |

**Section B (to be completed by supervisor)**

|  |  |
| --- | --- |
| **Role on Committee** | **Suggested exam committee member** |
| Thesis Supervisor | Name:  Department :  email:  phone: |
| Chair  (usually the Supervisory Committee Chair) | Name:  Department :  email:  phone: |
| Supervisory Committee member | Name:  Department :  email:  phone: |
| Examiner 1  (member of PaLM) | Name:  Department :  email:  phone: |
| Examiner 2  (may be a member of PaLM) | Name:  Department :  email:  phone: |
| Alternative Examiner ☐  or  Additional Examiner ☐ | Name:  Department :  email:  phone: |

**The Supervisor should informally contact the Examiners to determine their willingness to serve on the Exam Committee. All examiners should be physically present at the examination; videoconferencing, webcasting, and teleconferencing is discouraged. All PALM examinations are strongly recommended to not be scheduled during the months of July and August.**

**Section C - Approval**

We affirm that each member of the student’s supervisory committee has approved this topic and that it complies with the PaLM topic selection criterion.

|  |  |  |
| --- | --- | --- |
| Supervisor |  |  |
|  | Print Name | Sign Name |
| Student |  |  |
|  | Print Name | Sign Name |

|  |  |  |
| --- | --- | --- |
| **Departmental Associate Director of Examinations**  **Approval** |  |  |
|  | Print Name | Sign Name |
|  | **Your finalized documents must be submitted to the PALM Office by:** | |
|  | **\_\_\_\_\_\_\_DD/MM/YYYY\_\_\_\_\_\_\_\_(7 weeks after approval of topic)** | |