

Women & Gender Studies Institute
University of Toronto
COMPREHENSIVE EXAMINATIONS FORM

Form to be completed by Supervisor and returned **by JUNE 1, 2017** to:

Marian Reed, Graduate Administrator
Women & Gender Studies Institute
Room 2036, 40 Willcocks Street, Toronto, Ontario M5S 1C6
(416) 978-3668

SECTIONS BELOW TO BE COMPLETED BY STUDENT:

Name:

Student Number:

Address:

Email:

Telephone:

Thesis Supervisor:

Current Year of Study:

What is the first year that you enrolled in the PhD Program?

Regular entry student

Direct entry student

COMPREHENSIVE REQUIREMENT/EXAMINATION:

Comprehensive Committee:

Supervisor:

Signature:

Date:

Committee Members:

#1:

Signature:

Date:

#2:

Signature:

Date:

#3 (optional):

Signature:

Date:

Major Exam:

Topic:

Pass

Fail

Signature:

Date:

Minor Exam:

Topic:

Pass

Fail

Signature:

Date:

THESIS

Proposal title:

Proposal defence date:

Proposal approval:

Date:

Ethics review approval:

Date:

Committee:

Supervisor:

Signature:

Date:

#1:

Signature:

Date:

#2:

Signature:

Date:

#3:

Signature:

Date:

PROGRESS TOWARD DEGREE: Please indicate in detail research and writing done this year. List estimated completion date of these.

SCHOLARLY WORK completed this year:

Papers delivered at conferences:

Other awards or significant professional activity:

SIGNATURES FOR COMPREHENSIVE EXAM COMPLETION

Student:

Date:

Supervisor:

Date:

Chair/Graduate Coordinator:

Date: