

**Women & Gender Studies Institute**  
**University of Toronto**  
**COMPREHENSIVE EXAMINATIONS FORM**  
**2017-2018**

Form to be completed by Supervisor and returned **by JULY 31, 2018** 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: