



**Rehabilitation Sciences Institute
 PHD COMPREHENSIVES EXAMINATION FORM**

Student's Name: _____ Format: Grant Systematic Review Article

Student Number: _____

Comps Written Submission

Date: _____

Summary Assessment: Please comment on the content of the written submission, the organization and style. Note that the quality of work should be such that it would be acceptable for submission to a funding agency or peer-reviewed journal.

The Written Component of the Comps was:

- Acceptable**
- Not Acceptable** (e.g. lacks originality, insufficient depth, not appropriate for submission to a journal or granting agency). If unsuccessful, feedback must be provided to the student in writing below. The student has one opportunity for remediation.

	Name	Signature
Comp Committee Chair:		
Primary Thesis Supervisor:		
First Examiner:		
Second Examiner:		
Third Examiner:		

Sample Questions that represent the types of questions that will be asked at the oral comps component (no less than 3 and no more than 6). It is the responsibility of the chair of the committee to ensure that the student receives these questions.

Oral Examination

Date: _____

Summary Assessment: Please comment on the depth of knowledge of the student, oral communication skill and the ability to answer questions.

The Oral Component of the Comps was:

- Acceptable**
- Not Acceptable** (e.g. insufficient depth, unprepared). If unsuccessful, feedback must be provided to the student in writing below. The student has one opportunity for remediation.

	Name	Signature
Comp Committee Chair:		
Primary Thesis Supervisor:		
First Examiner:		
Second Examiner:		
Third Examiner:		
Student:		