



STUDENT NAME:		STUDENT NUMBER:	
# OF MONTHS IN THE PROGRAM AT SUBMISSION:		SUPERVISOR(S):	
PROJECT TITLE:			

**PART 1: WRITTEN SUBMISSION EVALUATION**

DATE OF MEETING:	
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**Summary Assessment:** Please comment on the content of the written submission, the organization and style, considering requirements outlined in the *Thesis Proposal Guidelines*.

The **Written Component** of the COMPS was:

**Acceptable/PASS**

**Not Acceptable/FAIL**

(e.g. lacks originality, insufficient depth, not appropriate for submission to a journal or granting agency).

If **not acceptable**, feedback must be provided to the student in writing below.

**Sample Questions:** Please provide 3 to 6 sample questions that represent the types of questions that will be asked at the oral exam. It is the responsibility of the chair of the committee to ensure that the student receives these questions.

	NAME	SIGNATURE
COMPS Committee Chair		
Primary Thesis Supervisor		
First Examiner		
Second Examiner		
Third Examiner		
Student		

## PART 2: ORAL EXAMINATION

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

The Oral Exam was:

**Acceptable**

**Not Acceptable**

(e.g. insufficient depth, unprepared, unable to answer questions). If unsuccessful, feedback must be provided to the student in writing below. The student has one opportunity for remediation.

	NAME	SIGNATURE
COMPS Committee Chair		
Primary Thesis Supervisor		
First Examiner		
Second Examiner		
Third Examiner		
Student		