

<b>STUDENT NAME:</b>		<b>FORMAT:</b>	Grant      Systematic Review Article
<b>STUDENT NUMBER:</b>			

<b>COMPS WRITTEN SUBMISSION</b>	<b>Date:</b>
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**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 **not acceptable**, feedback must be provided to the student in writing below. The student has only one opportunity for remediation:

	<b>NAME</b>	<b>SIGNATURE</b>
<b>COMPS Committee Chair</b>		
<b>Primary Thesis Supervisor</b>		
<b>First Examiner</b>		
<b>Second Examiner</b>		
<b>Third Examiner</b>		

<b>ORAL EXAMINATION</b>	<b>Date:</b>
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**SAMPLE QUESTIONS:**

Please provide sample questions that represent those that will be asked at the oral COMPS component (i.e. 3 minimum, 6 maximum). It is the responsibility of the Chair of the committee to ensure that the student receives these questions.

**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 **not acceptable**, feedback must be provided to the student in writing below. The student has only one opportunity for remediation:

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