REQUEST TO TAKE THE PHD COMPREHENSIVE EXAMINATION

Please complete, obtain all signatures and return to the Graduate Office, Room 280, for approval by the Associate Chair of Graduate Studies. Notification of intent to take the comprehensive examination should be sent via email to the Graduate Program Assistant by November 1 for February exam or May 1 for August exam. This completed form is due to the Graduate Office after the group meeting occurs but no later than November 30 for the February exam or May 31 for the August exam.

I, __________________________________ (Print Name), intend to take a PhD comprehensive examination on  ____________________________________________ (date) in the field of ____________________________________________ (exam area) as a one-week take home exam.

The Graduate Office highly recommends that students’ take at least two courses in the area of the exam. I have taken the following graduate courses in the area of the comp exam:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ By checking this box, I confirm that I read and understand the University Policy on Academic Integrity, the Code of Behaviour on Academic Matters, and the Department of Sociology comp exam instructions (links to these documents are on the Department of Sociology comp exam web page).

Student Signature: ____________________________________________

Date: ____________________________________________

We have discussed with the student the courses taken and other preparation they may have had in order to write the comp exam.

Committee Signatures needed for approval:

________________________________________   Committee Chair

________________________________________   Committee Member

________________________________________   Committee Member

FOR OFFICE USE ONLY: (if approved)

Associate Chair of Graduate Studies: ____________________________________________

Date: ____________________________________________