# PRE-DOCTORAL - COMPREHENSIVE EXAMINATION EVALUATION REPORT

*(To be completed by the Supervisor and RAC Chair, members)*

Student name: ______________________ Supervisor: ______________________

Degree & Year: ______________________

Degree Dates:  start date: ___________ to: ___________

## Part 1: Evaluation of the Student’s Presentation and Research

### Presentation:


### Critical Assessment:


### Responses to Questions:


### Comments:


**A copy of the student's Critical Assessment must be submitted with this report.**
PRE-DOCTORAL - COMPREHENSIVE EXAMINATION EVALUATION REPORT

By signing below, all parties acknowledge that the objectives and timelines described above are acceptable. Please note that failure to meet objectives on any two progress reports may be cited as grounds for requiring that a student withdraw from the program of study.

Overall Assessment of the Student for the Pre-Doctoral Exam:

Pass: ___________    Fail: ___________

Supervisor: __________________________________________ Date: __________________

Student: __________________________________________ Date: __________________

Chair/Director (or delegate): __________________________ Date: __________________

Research Advisory Committee (RAC) member(s):

Name: __________________________________________ Date: ________________

Name: __________________________________________ Date: ________________

Name: __________________________________________ Date: ________________

Name: __________________________________________ Date: ________________

☐ Student did not sign form and does not agree with the objectives (explanation required; see attached).