

Ph.D. THESIS PROPOSAL APPROVAL & CANDIDACY EXAM SCHEDULE

OBJECTIVE:

The IPN requires its Ph.D. students to complete their Candidacy Examination by the end of Ph.D. 3. M.Sc. students wishing to transfer to the Ph.D. program must complete the exam by the end of M.Sc. 2. The Ph.D. candidacy exam is an oral exam designed to evaluate the student's ability to carry out original scholarship, and to confirm that he/she is a suitable candidate for the degree. Students are required to present the background and rationale for their proposed studies, the specific hypotheses and objectives, the methodology, results obtained to date, and future directions. They are then queried on topics related to the proposed area of research by an examination committee, which consists of the student's advisory committee, an additional faculty member (acts as the *External Examiner*), and the student's mentor (acts as the *Chair of the Exam*). The student's supervisor may attend as an observer, but cannot participate in the exam.

INSTRUCTIONS:

- 1) Download this form onto your computer.
 - Save the form as PDF.
 - Name the document in the following format: "Your Last Name, Your First Name PhD Candidacy Exam Approval & Schedule."
- 2) Open the form.
- 3) Fill in the form's fields electronically, except for those pertaining to signatures.
- 4) Save the semi-completed form.
- 5) Once all members of your Advisory Committee have read your thesis proposal and confirmed that you can proceed with your Candidacy Exam, they must all sign in the specified fields on Page 2.
- 6) Once the exam has been scheduled, your Advisory Committee members, External Examiner and Mentor must be aware of its logistical details. The External Examiner and the Mentor must sign in their respective fields on Page 3.
- 7) Two weeks prior to your exam, e-mail your signed and completed approval form, as **one PDF document**, to <u>ipn@mcgill.ca</u>.

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Student Name	McGill Student I.D.

Ph.D. THESIS PROPOSAL APPROVAL

SECTION 1: APPROVAL OF STUDENT'S THESIS PROPOSAL		
Student	Name	
Supervisor	Name	
	Department	
	Signature	
	Date	
Co-Supervisor (if applicable)	Name	
(іт арріісаріе)	Department	
	Signature	
	Date	
Committee Member 1	Name	
	Department	
	Signature	
	Date	
Committee Member 2	Name	
	Department	
	Signature	
	Date	
Committee Member 3 (if applicable)	Name	
	Department	
	Signature	
	Date	

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Ph.D. CANDIDACY EXAM SCHEDULE

SECTION 2: EXAM DETAILS	
Exam Date	
Exam Time Exam Location (Building Name, Room No., Address)	

SECTION 3: APPROVAL FROM EXTERNAL EXAMINER, MENTOR(S)	
External Examiner	Name
	Department
	Signature
IPN Mentor	Name
	Signature
IPN Mentor 2	Name
(Only applicable if exam is being repeated)	Signature

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