



**PART B EXAM**

Please **DOWNLOAD** the form to access **signatures** and then send to the next signatory.

**NAME:** \_\_\_\_\_

**STUDENT #:** \_\_\_\_\_

**Two Topics to be Covered:** Outline the two topics and the name of the professors who will be covering each topic. Once this is done, each professor must sign their names to confirm (electronic signatures are accepted).

**Topic 1:**

*Signature of Professor:* \_\_\_\_\_

**Topic 2:**

*Signature of Professor:* \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chair, Part B Examination Committee, Signature**

\_\_\_\_\_  
**Date**

Return the completed and signed form to the Graduate Program Coordinator in Burnside Hall, Room 1005 or email to [grad.mathstat@mcgill.ca](mailto:grad.mathstat@mcgill.ca)