



School of Social Work

PhD Comprehensive Exam Evaluation Form

SWRK701

STUDENT: _____ **St. No.:** _____

Student's PhD Advisory Committee Members:

PART A – Written

___ **Pass:** Student has successfully completed the written part of the Comprehensive Exam and may now proceed with the Oral Defence.

Supervisor signature: _____

___ **Fail – Student allowed one retake – please attach a separate page with your comments**

PART B – Oral Defence [Date & Location: _____]

___ **Pass:** Student has successfully passed the Oral Defence

___ **Fail – if 1st fail, allowed one retake – please attach a separate page with your comments**

FINAL GRADE: _____

Signature (McGill Supervisor)
Print Name: _____
Univ. & Dept.: _____

Signature (Internal Member)
Print Name: _____
Univ. & Dept.: _____

Signature (External Member)
Print Name: _____
Univ. & Dept.: _____

Signature (If 4th Member)
Print Name: _____
Univ. & Dept.: _____

The PhD Program Director, or their delegate, confirms that the student has successfully completed their Comprehensive Exam.

Signature
(PhD Program Director or Delegate)

Date

Submit completed form to carmela.sciandra@mcgill.ca Admin/Student Affairs Coordinator