

**PhD SUPERVISORY QUALIFYING
EXAM COMMITTEE****

CONFIRMATION FORM

Student Name: _____

Student Number: _____

Field of Research: _____

Student Signature: _____

Name of Supervisor: _____

Supervisor Signature: _____

Name of First Member: _____

First Member Signature: _____

Name of Second Member: _____

Second Member Signature: _____

Graduate Program Director Signature

Date

**** A PhD student's Supervisory Qualifying Exam Committee must be approved by the end of the student's second term within the program.**