

THE UNIVERSITY OF BRITISH COLUMBIA



School of Kinesiology

210, War Memorial Gym  
6081 University Blvd.  
Vancouver, BC, V6T 1Z1

PhD Comprehensive Exam Evaluation

Student: \_\_\_\_\_ Student #: \_\_\_\_\_ Date: \_\_\_\_\_

Examining Committee: Supervisor: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee member: \_\_\_\_\_

Committee's Recommendation:

- Pass
- Pass with recommendations
- Repeat
- Fail

Signatures: Supervisor: \_\_\_\_\_ Student: \_\_\_\_\_

Committee members: \_\_\_\_\_

Committee comments:

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**NOTE:** PLEASE ATTACH A COPY OF THE COMPREHENSIVE EXAMINATION AND/OR AN OUTLINE OF THE EXAMINATION PROCEDURES THAT WERE USED.  
PLEASE RETURN TO THE GRADUATE PROGRAM ASSISTANT.