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| UBCLogo_Blue | **UBC School of Kinesiology**  **PhD Comprehensive Exam Evaluation Report** | | |
| Student Name: | | Click or tap here to enter text. |
| Date of Oral Exam (if applicable): | | Click or tap here to enter text. |
| Date of Written Exam: | | Click or tap here to enter text. |
| Click or tap here to enter text. | | |

**Committee’s Recommendations**

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| Pass |
| Pass with Recommendations |
| Repeat |
| Fail |

**Signatures (Optional)**

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| ThesisSupervisor | Click or tap here to enter text. | *Signature (optional)* |
| Committee Member | Click or tap here to enter text. | *Signature (optional)* |
| Committee Member | Click or tap here to enter text. | *Signature (optional)* |
| Committee Member | Click or tap here to enter text. | *Signature (optional)* |

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