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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.**