NEW SPECIAL FIELD EXAMINATION

Oral Examination Form

Student Name:       Student Number:

Date of the Exam:

Field Paper Title:

Committee Members:

|  |  |
| --- | --- |
| Supervisor (or Co-Supervisor) |  |
| Co-Supervisor |  |
| Member |  |
| Member |  |
| Member |  |

Attachments:

Field Paper (revised version)

Reading List (revised version)

List of courses taken

Syllabus

Committee recommendation:

Special Field Exam  Approved  Not approved

Comments if not approved:

Proposed date for new exam:

Student signature: