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: