

## Candidacy Examination Course Selection Form

### STUDENT

<b>LAST Name</b>		<b>FIRST Name</b>	
<b>Student NUMBER</b>			

Program Start Year:

Program Start Term: **FALL**     **WINTER**     **SPRING/SUMMER**

### SUPERVISOR(S)

1		2	
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### EXAMINATION

Term of Examination: **FALL**     **WINTER**     **SPRING/SUMMER**

Year of Examination:

*Category 1 Courses (see the Departmental Procedure for Doctoral Candidacy Examination)*

1	
2	

*Category 2 Courses (see the Departmental Procedure for Doctoral Candidacy Examination)*

1	
2	

### SIGNATURES

<b>Student:</b>		<b>Date:</b>	
<b>Supervisor:</b>		<b>Date:</b>	
<b>Supervisor:</b>		<b>Date:</b>	