



Candidacy Examination Course Selection Form

STUDENT

LAST Name		FIRST Name	
Student NUMBER			

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

Student:		Date:	
Supervisor:		Date:	
Supervisor:		Date:	