

PhD Candidacy Examination Decision

FBIT
 FESNS
 FEAS
 FED
 FSc
 FSSH
 FHSc

Candidates Name: Student Number:

Name of Program: Date of oral exam:

Research topic:

Outcome of examination:
 Satisfactory
 Unsatisfactory

Comments from Candidacy Committee: (Please address strengths and weaknesses of research proposal and offer recommendations. **Attach additional pages** as required and attach all **Committee Member Reports**).

Name of Supervisor	Signature	Date (dd/mmm/yyyy)

Name of Co-supervisor (if applicable)	Signature	Date (dd/mmm/yyyy)

Name of Candidacy Committee Member	Signature	Date (dd/mmm/yyyy)

Name of Candidacy Committee Member	Signature	Date (dd/mmm/yyyy)

Name of External Committee Member	Signature	Date (dd/mmm/yyyy)

Name of Chair of Candidacy Committee	Signature	Date (dd/mmm/yyyy)

Approval for Transfer from Master's to PhD Program (if applicable):

Dean of SGPS/Designate	Signature	Date (dd/mmm/yyyy)