Rehabilitation Sciences Institute

PHD COMPREHENSIVES EXAMINATION FORM

Student’s Name: __________________________ Format: □ Grant □ Systematic Review Article

Student Number: __________________________

Comps Written Submission

Date: ___________________

Summary Assessment: Please comment on the content of the written submission, the organization and style. Note that the quality of work should be such that it would be acceptable for submission to a funding agency or peer-reviewed journal.

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The Written Component of the Comps was:

□ Acceptable

□ Not Acceptable (e.g. lacks originality, insufficient depth, not appropriate for submission to a journal or granting agency). If unsuccessful, feedback must be provided to the student in writing below. The student has one opportunity for remediation.

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Name   Signature

Comp Committee Chair: __________________________
Primary Thesis Supervisor: __________________________
First Examiner: __________________________
Second Examiner: __________________________
Third Examiner: __________________________
Sample Questions that represent the types of questions that will be asked at the oral comps component (no less than 3 and no more than 6). It is the responsibility of the chair of the committee to ensure that the student receives these questions.

Oral Examination
Date: ____________________

Summary Assessment: Please comment on the depth of knowledge of the student, oral communication skill and the ability to answer questions.

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The Oral Component of the Comps was:

- [ ] Acceptable
- [ ] Not Acceptable (e.g. insufficient depth, unprepared). If unsuccessful, feedback must be provided to the student in writing below. The student has one opportunity for remediation.

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Name       Signature

Comp Committee Chair:                         
Primary Thesis Supervisor:                  
First Examiner:                             
Second Examiner:                            
Third Examiner:                             
Student: