**Approval of Comprehensive Exam topic and Examination Committee**

**please complete all 4 sections**

**use language suitable for a science audience not trained in the specific field**

**return to the Graduate Program Coordinator (heather.cheadle@pathology.ubc.ca)**

|  |  |
| --- | --- |
| **Date** |  |

**Section A (to be completed by student)**

|  |  |
| --- | --- |
| Name |  |
| Student # |  |
| Email |  |
| Phone  |  |

|  |
| --- |
| **Thesis topic summary**  |
| **Thesis topic title:** |  |
| (Please cut and paste into this form; **250** words maximum) |

|  |
| --- |
| **Comprehensive examination topic summary** |
| **Comprehensive exam topic title:** |  |
| (Please cut and paste into this form; **600** words maximum) |

|  |
| --- |
| List **similarities** between thesis and comprehensive proposal(Use bullets to ensure clarity; **75** words maximum) |
|  |

|  |
| --- |
| List **differences** between thesis and comprehensive proposal(Use bullets to ensure clarity; **75** words maximum) |
|  |

**Section B (to be completed by supervisor)**

|  |  |
| --- | --- |
| **Role on Committee** | **Suggested exam committee member** |
| Thesis Supervisor | Name:Department :email:phone: |
| Chair(usually the Supervisory Committee Chair) | Name:Department :email:phone: |
| Supervisory Committee member | Name:Department :email:phone: |
| Examiner 1 (member of PaLM) | Name:Department :email:phone: |
| Examiner 2 (may be a member of PaLM) | Name:Department :email:phone: |
| Alternative or additional Examiner  | Name:Department :email:phone: |

**The Supervisor should informally contact the Examiners to determine their willingness to serve on the Exam Committee. All examiners should be physically present at the examination; videoconferencing, webcasting, and teleconferencing is discouraged. The PALM Examination/Supervisory Committee blackout months of July and August must be observed. Accordingly, this approval request will not be reviewed from May 1st through July 1st.**

**Section C - Approval**

We affirm that each member of the student’s supervisory committee has approved this topic and that it complies with the PaLM topic selection criterion.

|  |  |  |
| --- | --- | --- |
| Supervisor  |  |  |
|  | Print Name | Sign Name |
| Student |  |  |
|  | Print Name | Sign Name |

|  |  |  |
| --- | --- | --- |
| **Departmental Associate Director of Examinations****Approval** |  |  |
|  | Print Name | Sign Name |
|  | **Your finalized documents must be submitted to the PALM Office by:** |
|  | **\_\_\_\_\_\_\_DD/MM/YYYY\_\_\_\_\_\_\_\_(7 weeks after approval of topic)** |