

Prior to submitting the Comprehensive Exam application, Ph.D. students must identify their intended Dissertation Supervisor(s) using the [Request to Declare a Supervisory Committee form](#). To be eligible to write the Comprehensive Exam, Ph.D. students must have completed all of the core course requirements and two consecutive summer residencies. Students must have defined their research area before submitting their preferred date for the examination.

In addition to about a week of administrative processing time, students must identify, **four weeks in advance**, the date on which they intend to submit the completed exam. The School of Graduate Studies will verify the official due date as four weeks from the approval date of this application form.

There are two qualifying papers that students must submit for the Ph.D. Comprehensive Exam. The Supervisor(s) will review both the theory and the methodological responses. There will be an additional two reviewers, one for the theory response and one for the methodological response. These reviewers may be GSE members of the supervisory committee or other full members of GSE who are chosen for their level of expertise.

**Section 1: Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intended Exam Completion Date: (Must be at least 4 to 5 weeks from application date)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 2: Signature Area:**

Supervisor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Supervisor Name (if applicable, print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: Reviewers (to be completed by the Supervisor(s))**

*Chair's Selection:*

First Proposed Theory Reviewer (print) \_\_\_\_\_

First Proposed Methods Reviewer (print) \_\_\_\_\_

Second Proposed Theory Reviewer (print) \_\_\_\_\_

Second Proposed Methods Reviewer (print) \_\_\_\_\_

Chair, Graduate Studies in Education Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Associate Dean, Graduate Studies Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit complete forms to the School of Graduate Studies at [sgs@nipissingu.ca](mailto:sgs@nipissingu.ca)**