## Ph.D. ORAL COMPREHENSIVE EXAM - FACULTY OF DENTISTRY

Candidate:		Student ID number:
Supervisor(s):		Date:
Ph.D. Supervisory Committee (minimum 3 members):		
1- 2- 3- 4-		(Supervisor) (Co-supervisor, if applicable) (Dentistry Member) (Dentistry Member)
External Member (1 from McGill, outside of Dentistry):		
1-		(External Member, Name and Department)
PROJECT ORGANIZATION (INCLUDING PRESENTATION)		
[ ] Above Average	[ ] Average	[ ] Below Average
PROJECT CONTENT (INCLUDING PROGRESS AND POTENTIAL)		
[ ] Above Average	[ ] Average	[ ] Below Average
ABILITY TO COMMUNICATE CONCEPTS CLEARLY		
[ ] Above Average	[ ] Average	[ ] Below Average
RECOMMENDATIONS		
OVERALL DECISION		
[ ] Pass	[ ] Fail	If Fail, Re-examination date, within 6 months Date:
COMMITTEE SIGNATURES		
Supervisor	Co-supervisor (if	Papplicable) Dentistry Member
Dentistry Member	External Membe	<u></u>