

**Department of Psychology
McGill University
PSYC 701 Special Comprehensive Examination (Experimental Program)**

**Department of Psychology
McGill University**

CANDIDACY EXAMINATION SCHEDULE FORM

Please review the candidacy exam guidelines in the Handbook for Graduate Studies before completing this form.

Student Name:

Student's Supervisor(s):

Working Title of Thesis:

Date of Exam:	
Time of Exam:	
Room/Building:	

	Name	Signature*
Advisory Committee Member 1 (Chair of Examination)		
Advisory Committee Member 2		
External Member		

*Scanned signatures (particularly from the external member if he/she is not at McGill or in Montreal) are acceptable.

Internal Use Only:

Approved by Graduate Program Director:

Name:

Signature:

Date:

Please forward the form to the Graduate Program Coordinator Giovanna LoCascio.

**Department of Psychology
McGill University
Candidacy Evaluation Form**

Student Name:

Please circle one: Pass Fail

Signature -

Date:

Advisory Committee Member 1 (Chair): _____

Advisory Committee Member 2: _____

External Member: _____

Comments in the case of a "fail":

Please forward this form to the Graduate Program Coordinator Giovanna LoCascio