

York University
Social and Political Thought
Ph.D Comprehensive Examination Report

(To be filled out by the Chair of the Examining Committee and signed by each of the members of the Committee)

1. Name of the Candidate: _____ Student #: _____

2: Date of the Examination: _____

3. Examination results:

Pass _____ (with distinction _____).

Failure _____, with recommendation that the Candidate not be permitted to continue in the Program.

Pass _____, subject to resitting the examination.

Results of re-examination

Date _____, with special conditions, if any:

Pass _____, with recommendation that the Candidate be permitted to continue in the Program

Failure _____, with recommendation that student not be permitted to continue in the Program

4. Fields presented:

Major: _____

Minor: _____

5. Other comments:

6. Names and signatures of members of the Examining Committee:

(1) _____ (Chair)

(2) _____

(3) _____

(4) _____

Please return this form to S711 Ross after the exam.