University of Manitoba | Faculty of Graduate Studies

Report on Ph.D. Candidacy Examination

This is to report that the student whose name appears below has completed the Ph.D. Candidacy Examination with the result indicated below.

Student Name (**LAST**, First) _____

Student Number _____

Major Department/Unit _____

Result of Candidacy Examination (GRAD 8010):

◯ **Pass**

Please indicate if this was a: ◯ First Attempt ◯ Second Attempt

Date student completed requirements _____ (*MM/DD/YYYY*)

◯ **Fail**

Please indicate if this was a: ◯ First Attempt ◯ Second Attempt

Date student completed requirements _____ (*MM/DD/YYYY*)

Examining Committee

Names	Department/Unit	Signatures

Department/Unit Head Signature _____ Date _____ (*MM/DD/YYYY*)