

## Joint PhD in Educational Studies Program Oral Examination of the Comprehensive Portfolio Approval Form

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Doctoral Committee Members:

Supervisor: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member (Optional): \_\_\_\_\_

External Examiner: \_\_\_\_\_

Associate Dean/Chair Grad Studies in Education (Designate): \_\_\_\_\_

The signatures below affirm that the named student has successfully completed the oral examination of the comprehensive portfolio.

Signatures	Date
Student:	
Supervisor:	
Committee Member:	
Committee Member:	
Committee Member (Optional):	
Associate Dean/Chair (Designate):	
External Examiner:	