



DEPARTMENT OF CIVIL ENGINEERING  
UNIVERSITY OF TORONTO  
Ph.D. Comprehensive Examination Report

**CONFIDENTIAL**

Name of Candidate:

Student ID:

Thesis Title:

Date/Time of Examination:

Location:

**Committee Members:**

\_\_\_\_\_ (Supervisor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Chair)

**Result (select one):**

- allowed to proceed with his/her PhD program
- improve his/her knowledge in designated areas (see comments below):
- asked to withdraw from the program

Comments:

**Date:** \_\_\_\_\_

**Signed:**

\_\_\_\_\_

Chair

\_\_\_\_\_

\_\_\_\_\_

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Examiners