

Joint PhD in Educational Studies Program

Application for Oral Examination of the Comprehensive Portfolio

This form typically is completed when the supervisor, doctoral committee members, and student consider the comprehensive portfolio ready for examination. The form is to be completed by the supervisor on behalf of, and in consultation with, the doctoral committee and student.

The external examiner is a designated faculty member from one of the participating universities who is situated in the student's field of study (FOS). The external examiner may be a designated faculty member at the student's home university and is at arms-length from the student (e.g., not a current or former research partner/research assistant, teaching assistant, instructor, or personal acquaintance).

In most instances, the doctoral committee will be in agreement about the readiness of the comprehensive portfolio with respect to proceeding to examination. In rare instances when there is a difference of opinion about the readiness of the comprehensive portfolio for the oral examination, students, supervisors, and committee members may consult the Associate Dean or Chair of Graduate Studies. The majority of the doctoral committee (3-out-of-4 or 4-out-of-5) must agree about the readiness of the comprehensive portfolio in order to proceed to examination. A member of the doctoral committee who holds an alternative or dissenting opinion is encouraged to submit a minority report.

Student Name (Please Print): _____

Field of Study (Please Circle): Cognition/Learning Educational Leadership/Policy Social/Cultural/Political Contexts

Signature: _____ Date: _____

Title of Comprehensive Portfolio: _____

Doctoral Committee Approval: Please indicate your agreement as to whether the comprehensive portfolio is ready to proceed to examination. **YES**, I agree that the comprehensive portfolio is ready to proceed to examination, or **NO**, I do not agree that the comprehensive portfolio is ready to proceed to examination (please attach minority report).

Supervisor: Name (Please Print): _____ Yes No

Signature: _____ Date: _____

Committee Member: Name (Please Print): _____ Yes No

Signature: _____ Date: _____

Committee Member: Name (Please Print): _____ Yes No

Signature: _____ Date: _____

Committee Member: Name (Please Print): _____ Yes No

Signature: _____ Date: _____

POSSIBLE EXTERNAL EXAMINERS (Name and contact information)

1. _____
2. _____
3. _____

Signature of Associate Dean/Chair of Graduate Studies: _____ Date: _____