



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:	