

## PhD in Architecture, Landscape, and Design COMPREHENSIVE EXAMINATION 2 – BOOKING FORM

Student Name:	Student Number:
Primary Supervisor/s:	
Second Assessor Name: _	Department:
Additional Exam Committee	tee Member (if applicable):
Field of (exam area):	
Date of Exam (Oral Present	tation):
Check one: Online: (will be	ne booked by department)
In person:	oom #:(student must book a room for 2 hours for the exam)
1. a second a 2. a course sy  Please check the forma  Annotated Bibliograph  Or  Course Syllabus: Enc	ny: Enclosed: Sent: Will send:
Behaviour on Acade	x, I confirm that I read and understand the University Policy on <u>Academic Integrity</u> , the <u>Codemic Matters</u> , and the ALD PhD comprehensive exam instructions (links to these documen Daniels Faculty web page).
Student Signature:	
Primary Supervisor Signat	ture:
Date:	

This form must be submitted 3 months prior to the date of the exam. Please submit the completed form via email to <a href="mailto:researchstream@daniels.utoronto.ca">researchstream@daniels.utoronto.ca</a>.

