

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

Student Name:		Student Number:	
Primary Supervi	sor/s:		
Second Assesso	or Name:	Department:	
Additional Exar	m Committee Member (if a	applicable):	
Field of (exam a	rea):		
Date of Exam (C	Oral Presentation):		
Check one: Online:	(will be booked by de		
In person:	Room #:	(student must book a room for 2 hours for the exam)	
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<u>Behaviou</u>	ng this box, I confirm that I r on Academic Matters , ar ble on the Daniels Faculty v	I read and understand the University Policy on <u>Academic Integrity</u> and the ALD PhD comprehensive exam instructions (links to these web page).	, the <u>Code or</u> e documents
Student Signatu	ıre:		
Primary Superv	isor Signature:		
Date:			

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

