

## Candidacy Examination Course Selection Form

### STUDENT

<b>LAST Name:</b>		<b>FIRST Name:</b>	
<b>Student NUMBER:</b>			

Program Start Year: \_\_\_\_\_ Program Start Term: **FALL**      **WINTER**      **SPRING/SUMMER**

### SUPERVISOR(S)

<b>1</b>		<b>2</b>	
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### EXAMINATION

Year of Examination: \_\_\_\_\_ Term of Examination: **FALL**      **WINTER**      **SPRING/SUMMER**

#### *Category 1 Courses (see the Departmental Procedure for Doctoral Candidacy Examination)*

<b>1</b>	
<b>2</b>	

#### *Category 2 Courses (see the Departmental Procedure for Doctoral Candidacy Examination)*

<b>1</b>	
<b>2</b>	

### SIGNATURES

<b>Student:</b>		<b>Date:</b>	
<b>Supervisor:</b>		<b>Date:</b>	
<b>Supervisor:</b>		<b>Date:</b>	