

**UBC MD/PHD PROGRAM  
COMPREHENSIVE EXAMINATION REPORT**

Form to be completed by Examination Chair and must be legible

Please return completed form to the UBC MD/PhD Program  
2894 – 2255 Wesbrook Mall, UBC, Vancouver BC V6T 2A1

Name of student:

Date of exam:

Thesis topic:

Hosting graduate program:

Members of Examination Committee present:

Chair of Examination Committee:

Research Supervisor(s):

Examiner (Thesis Committee member):

Examiner (Thesis Committee member):

Examiner (member of hosting department):

Examiner (member of other department):

**Research Proposal:**

**Summary of Examination:**

**Recommendation of the Examination Committee:**

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Research Supervisor's Signature

\_\_\_\_\_  
Student's Signature