

OCEAN SCIENCES GRADUATE PROGRAMME	
Recommendations for Ph.D. Comprehensive Examination Topic	
Student Name:	Student Number:
Supervisor/Co-supervisors:	
Examination Committee:	(1) _____
	(2) _____
	(3) _____
Proposed Examination Topic:	
Rationale:	
Thesis Title/Topic:	
Sub-discipline:	
Requested Date and Time of Examination:	

Signatures of Examination Committee		
Name	Signature	Date
Supervisor/Co-supervisor:		
Co-supervisor:		
Committee Member:		
Committee Member:		
Committee Member:		