

YORK UNIVERSITY
PhD Program in Critical Disability Studies

Dissertation Proposal Oral Examination Evaluation Form

Name of student: _____

Completion date of the dissertation proposal: _____

Date & Venue of the oral examination: _____

RESULTS:

- Pass**
- Pass with specified minor revisions** (Candidate must submit revisions to the Principal Supervisor within 10 business days. If not completed, proposal will be failed.)
- Fail** (Candidates who fail the oral examination have one opportunity to retake the oral examination within three months of the date of the first examination. A second failure will result in expulsion of the student from the program.)

COMMENTS:

APPROVALS:

Principal Supervisor

Signature

Supervisory Committee Member

Signature

Supervisory Committee Member

Signature

Graduate Program Director or designate

Signature

Date: _____