THE UNIVERSITY OF BRITISH COLUMBIA

Neuroscience Graduate Program The University of British Columbia 3402-2215 Wesbrook Mall Vancouver, BC Canada V6T 1Z3

Phone 604 822 7375 ubc.neuroscience@ubc.ca https://neuroscience.ubc.ca/

COMPREHENSIVE EXAM CHAIR REPORT

Thank you for chairing a Comprehensive Exam. We appreciate the time it takes, and value your commitment to the Neuroscience Graduate Program. Please complete this form and return it to ubc.neuroscience@ubc.ca.

Exam Informati	on:	
Student Name	:	
Date of Exam:		
Chair Name:		
Examiners:		
External Exami	iner:	
Brief Summary	of Exam:	
Student's Perfo	rmance:	
Pass or Fail:		
Comments:		
applied is wheth to generation of the research pro- suggest re-evalu	m does not indicate acceptan ner the student has a viable a f high-quality PhD thesis. If th oposal is accepted. If it is not	ce of the thesis proposal. The key criterion to be nd well-considered research program, likely to lead e research program is sufficiently well designed, sufficient, then the examining committee may by the supervisory committee.
Yes or No:		
Comments:		
Chair (print nam	ne) Signature	 Date