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FACULTY OF EDUCATION
GRADUATE STUDIES

REPORT ON COMPREHENSIVE EXAM-ORAL PART

EDU9998

NAME OF STUDENT		STUDENT NUMBER			
THESIS SUPERVISOR		CONCENTRATION			

EXAMINOR'S (COMMITTEE MEMBERS)	
NAME (BLOCK LETTERS)	SIGNATURE
MEMBERS	
1.	
2.	
3.	
THESIS SUPERVISOR	

FINAL GRADE			
SATISFACTORY	<input type="checkbox"/>	NON SATISFACTORY	<input type="checkbox"/>
DATE OF ORAL EXAM :		YEAR	MO. DAY

*THIS FORM MUST BE SUBMITTED TO EDUCPLUS@UOTTAWA.CA AFTER THE ORAL EXAM