

**Faculty of Engineering and Applied Science  
Pre-Candidacy Committee Meeting Report**

Student Name:

Student Number:

Program:

Proposed Term of Candidacy Exam:

Date:

Comments on the student's research topic and progress to date:

Suggested Examiner(s); may include the external examiner (proposed by the research supervisor)

Name:

Faculty:

Rank:

Please provide a rationale for suggesting the examiners:

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)

\_\_\_\_\_  
Name of Co-supervisor (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)

\_\_\_\_\_  
Name of Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)

\_\_\_\_\_  
Name of Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)

\_\_\_\_\_  
Name of Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)