

**BROCK UNIVERSITY
DEPARTMENT OF PHYSICS
PhD COMPREHENSIVE EXAM EVALUATION FORM**

Name of student: _____ **Number:** _____

Field of specialization: _____

Date enrolled in PhD program: _____

Date of examination: _____

Grade awarded (Pass or Fail): _____

Comments: _____

EXAMINATION COMMITTEE:

_____	_____
Chair	
_____	_____
_____	_____
_____	_____
_____	_____
(signatures)	(print names)