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| **QUALIFYING EXAM INFORMATION** | | | | |
| Doctoral student: | | | | |
| Supervisor: | | | | |
| Co-Supervisor: | | | | |
| Date of approval in Collegiate meeting: | | | | |
| Date of defense: | | | Time: | |
| Location: | | | | |
| Members who will participate by videoconference, when applicable: | | | | |
| Examiner | | Title (as in lattes): | | President |
| Prof. | |  | |  |
|  | | | | |
| Examiner | | Title (as in lattes): | | Institution/member |
| Prof. | |  | |  |
|  | | | | |
| Examiner | | Title (as in lattes): | | Institution/member |
| Prof. | |  | |  |
|  | | | | |
| Title: | | | |
| Abstract: | | | |
| Keywords: | | | |