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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: |