

**School of Social Work, York University**

**Comprehensive Examination Report**

**Student Information**

<b>Surname:</b>	<b>Given Name:</b>	<b>Student Number:</b>
<b>Date of Submission:</b>	<b>Program: Social Work</b>	<b>Degree: PhD</b>

**ATTEMPT:**      **FIRST**     

**SECOND**     

**RESULTS:**      **PASSED**     

**FAILED**     

**COMMENTS:**

	<b>NAME</b>	<b>SIGNATURES</b>	<b>DATE</b>
<b>Supervisor</b>			
<b>Second Reader</b>			
<b>Graduate Program Director</b>			

NOTE: A copy of this completed form is supplied to the candidate and the Program.