

**YORK UNIVERSITY**  
**Graduate Program in Critical Disability Studies**

**Ph.D. Comprehensive Oral Examination Evaluation Form**

**Name of student:** \_\_\_\_\_

**Date completed written examination:** \_\_\_\_\_

**Date & Venue of the oral examination:** \_\_\_\_\_

**RESULTS:**

- Pass**
- Pass with conditions**
- Unsatisfactory** (Candidates who receive an unsatisfactory rating on the examination have one opportunity to retake the comprehensive examination within six months of the date of the first examination. A second failure will result in expulsion of the student from the program.)

**COMMENTS:** (If the result is "Pass with Conditions", specify work to be done with deadline.)

**APPROVALS:**

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Graduate Program Director or designate

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_