



Student ID	Student Last Name, First Name
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Department	Degree Program	Specialization (if any)
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Complete and submit this form to the Faculty of Graduate & Postdoctoral Studies if the outcome of the candidacy exam is:

- Pass or Conditional Pass **AND** the conditions have been satisfied.

For more information refer to the [University Calendar](#).

Student has successfully completed the candidacy exam requirements.

☐ Student has successfully completed the candidacy exam requirement

Effective Date* (MMM DD, YYYY) : _____

* For a Pass, the effective date is the date of the candidacy examination.

For a Conditional Pass, the effective date is the date the student satisfied all conditions of the Conditional Pass.

Supervisor/ Committee Chair	Signature	Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)

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Faculty of Graduate & Postdoctoral Studies use only:

☐ SCN

Signature & Date