



UNIVERSITY OF LORLAI

ACCESS

QUALITY

RELEVANCE

PHD COMPREHENSIVE EXAMINATION

Comprehensive Examination Date: _____

Ms /Mr. _____ S/D/O _____

Department/Institute/Center _____ Session: Spring/Fall: _____

Registration Number: _____ Date: _____

Remarks of the panel: _____

Recommendation: Passed Reappear Dismissed

GRC & SUPERVISORY COMMITTEE

Chairperson: _____
(name) _____

Supervisor: _____
(name) _____

Member 1: _____
(name) _____

Subject Expert: _____
(name) _____

Member 2: _____
(name) _____

Coordinator: _____
(name) _____

Dean Faculty: _____
(name) _____

Director, Postgraduate Studies: _____
(name) _____