



**Department of Integrative Biology  
PhD Research Proposal and Qualifying Examination Request Form**

Student Name:

Student ID Number:

Degree:

Advisor:

Co-advisor:

**Please return signed form to the Integrative Biology Graduate Program Assistant, Kate Artuso at [cbsib@uoguelph.ca](mailto:cbsib@uoguelph.ca) along with a copy of the research proposal in semester 3. Once received, we will begin coordinating your Qualifying Examination (QE).**

The members listed below, as the Advisory Committee for the above-named candidate, certify by their signature and check box that the research proposal has been presented and is deemed Acceptable or Not Acceptable.

Name	Signature	Date	Acceptable	Not Acceptable

The advisory committee recommends the following Regular or Associated faculty members to participate in the Qualifying Exam:

Advisor: \_\_\_\_\_

Advisory Committee Member: \_\_\_\_\_

Non-Advisory Committee Examiner: \_\_\_\_\_

Non-Advisory Committee Examiner: \_\_\_\_\_

\* Please note that these are **recommendations** to be reviewed by the Graduate Program Coordinator or Department Chair, and the proposed committee may be approved, or modified if needed. Note that at least one examiner must be external to the department. This may be an advisory committee member.

Preferred month for the Qualifying Exam (semester 4) to be conducted: \_\_\_\_\_