



KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
<https://www.ualberta.ca/graduate-studies/>

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 FGSR 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)
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Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)
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Personal information on this form is collected under the authority of Section 33(c) of Alberta's **Freedom of Information and Protection of Privacy Act** for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.

Faculty of Graduate Studies & Research use only: <input type="radio"/> SCN	Signature & Date
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