**VMS Doctoral Pre-Candidacy Preparation**

**Student Name:** **Supervisor:**

**Program Start Date:       Supervisor’s Department:**

**PROPOSED DATE OF THESIS PROPOSAL EXAMINATION:**

**PROPOSED DATE OF FIELD OF STUDY EXAMINATION:**

What will be the areas of study for the FIELD OF STUDY Exam? Please be as helpful as possible (for example, noting textbooks, chapters in textbooks, authors, etc. that the student should be familiar with). The chart below may be used as a guide. *Additional details may be added on a separate page.*

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Level of Understanding | | |
| 1. | Textbook | Current review articles | Current Literature |
| Suggested key references/textbooks: | | | |
| 2. | Textbook | Current review articles | Current Literature |
| Suggested key references/textbooks: | | | |
| 3. | Textbook | Current review articles | Current Literature |
| Suggested key references/textbooks: | | | |
| 4. | Textbook | Current review articles | Current Literature |
| Suggested key references/textbooks: | | | |
| 5. | Textbook | Current review articles | Current Literature |
| Suggested key references/textbooks: | | | |

Proposed External Examiner for Thesis Research Proposal Examination:

Proposed External Examiner for Field of Study Examination:

Will a mock exam be provided for the student (Yes/No)?

If a mock exam will not be provided, what provisions have been made to prepare the student?

**ACCEPTANCE:**

I have read, understood, and accept the arrangements and expectations of the upcoming admission to candidacy examinations as outlined on the previous page.

|  |  |  |
| --- | --- | --- |
| Student (printed) | Student’s Signature | Date |
| Supervisor (printed) | Supervisor’s Signature | Date |
| Co-Supervisor (printed) | Co-Supervisor’s Signature | Date |
| Committee Member (printed) | Committee Member’s Signature | Date |
| Committee Member (printed) | Committee Member’s Signature | Date |
| Committee Member (printed) | Committee Member’s Signature | Date |
| Graduate Program Director (printed) | Graduate Program Director’s Signature | Date |