



**Faculty of Nursing
Master of Nursing Program**

Report of Comprehensive Oral Examination

This is a retake examination.

Candidate:

ID:

Department/Faculty/Program: **Nursing**

Degree: **MN** Specialization:

Date & Time of Examination:

Names of Examiners	Final Individual Recommendation	Examining Committee Recommendation [†]	Examiners' Initials
	PASS/FAIL*		

*If the final recommendation of the examining committee is FAIL, the committee must recommend one of the following options:

That the candidate be allowed to retake the examination
 That the candidate be withdrawn from the Faculty of Graduate Studies
 Chair's initials

<i>Date</i>	<i>Supervisor – Signature</i>	<i>Supervisor – Please print name</i>
<i>Date</i>	<i>Graduate Coordinator – Signature</i>	<i>Graduate Coordinator – Please print name</i>