

Preliminary Examination Planning Form & Part 1

To be **completed by the student in consultation with the supervisory committee**. This form is to be submitted to the Dal AC Graduate Studies Office (gradagri@dal.ca) **four (4) weeks** before the proposed date of the Preliminary Exam.

NOTE: Submit an electronic copy of the **Research Proposal** to gradagri@dal.ca **three (3) weeks** prior to date of Preliminary Exam. This allows for sufficient time for review by your examining committee.

Part A. Student Information

| | |
|-----------------------|----------------|
| Student's Name | Student Number |
| Department | |
| Email | Phone # |
| Proposed Thesis Title | |

Part B. External Examiner

***IMPORTANT* Before submitting this form:** Identify **three (3)** potential external examiners. Dalhousie faculty who are members of the Faculty of Graduate Studies, but not in the student's department, may act as external examiners for Preliminary Examinations. **Send the names, contact information, and area of expertise of the potential external examiners to the Graduate Student Office at gradagri@dal.ca for approval prior to submission of this form. In this email, please include your proposed thesis title.** After receiving confirmation that the external examiners are appropriate, your supervisor may begin coordinating with external examiners around scheduling. Any changes to the list must be approved by the Graduate Coordinator before proceeding.

Approved/Confirmed External Examiner

| Name | Phone | Email | Institution/ Department | Expertise |
|------|-------|-------|----------------------------|-----------|
| | | | | |

***The external listed above must be approved before submitting this form. An e-mail from the external examiner confirming availability must be forwarded to the Graduate Studies Office (gradagri@dal.ca).**

Part C. Research and Supervisory Committee

| Name | Phone # | Email | Signature* |
|------------------|---------|-------|------------|
| Supervisor(s) | | | |
| Supervisor(s) | | | |
| Committee Member | | | |
| Committee Member | | | |
| Committee Member | | | |
| Committee Member | | | |

***Required Signatures:** An e-mail from the supervisor or committee members confirming these dates is acceptable *in lieu* of signature. The emails should confirm that the below dates have been set aside in their schedule, and that they commit to being present for the Preliminary. The final time will be confirmed when arrangements have been made with the external examiner.

Part D. Proposed Preliminary Dates

A minimum of three possible dates/times are required, in consultation with the supervisory committee.

Preliminary Exams will normally be scheduled for 2.5 hours, between 9:00-11:30 am, or 1:30-4:00 pm. If different timing is needed, please give time and reason in comment section.

| | | | | | |
|--------------------|--|--|--|--|--|
| Date (DD-MM-YY) | | | | | |
| AM | | | | | |
| PM | | | | | |

Comments:

Note: For in-person/hybrid exams, the student is responsible for bringing a laptop computer and ensuring that they can operate the audio-visual equipment prior to the Preliminary.

Proposed Exam Format:

☐ In-Person

☐ Hybrid

☐ Virtual

Have you had a committee meeting?

☐ Yes

☐ No

If yes, date:

Student Name

Date

Signature

Preliminary Examination Part 1

| | |
|--------------------------------|---------------------|
| Student's Name: | Student Number: |
| Status (Full-time, Part-time): | Program Start Date: |

Supervisory Committee

| Name | Role (e.g. primary supervisor, member) | Department/Unit |
|------|--|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Preliminary Examination Committee (see Note below)

| Name | Role (e.g. supervisor, external, member) | Department/Unit |
|------|--|-----------------|
| | | |
| | | |
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Note: Not all supervisory committee members need to attend the Preliminary Examination. As per the Preliminary Exam Guidelines, The Examination Committee consists of a Chairperson, External examiner, the Supervisor(s), and at least two other individuals.

Courses completed, in progress, or to be taken

| Course No. | Course title | Grade received |
|------------|--------------|----------------|
| | | |
| | | |
| | | |
| | | |

Mandatory Training Requirements

1. Does your research involve working with animals that require CCAC approval?
☐ Yes ☐ No
- If yes, attach a copy of your certificate verifying you have completed the “Experimental Animal User Training” course.
2. Does your research involve working with human subjects?
☐ Yes ☐ No
-If yes, attach a copy of your certificate verifying you have completed the Tutorial for the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Synopsis of Research Proposal (1 paragraph only; please type this section)