**Instructions for Setting up your Candidacy (Old Rules)**

The [Candidacy Schedule Request Form](#Text1) needs to be completed and submitted **no later than 6 weeks before your Candidacy exam.** This allows the Graduate Program Administrator (GPA) and Graduate Program Director (GPD) to generate and approve additional documents in a timely fashion. **Not adhering to this deadline could result in your request being denied and a new date will need to be selected.**

**Oral Exam Location**

Please note that as of September 1, 2021, exams may be held in-person, remotely, or as a hybrid between the two. If anyone is attending the exam remotely, your GPA will set up the Zoom meeting link on your behalf.

Typically, in-person exams will be held in the Graduate Science Education Boardroom. Once this form is received, your GPA will confirm whether the GSE Boardroom is available for your proposed exam date. If the GSE Boardroom is not available, you will need to request a room through Room Bookings ([irrooms@ucalgary.ca](mailto:irrooms@ucalgary.ca)). **If two or more people plan to attend in person, they will be at the same location and the Neutral Chair will also be in the room with them.**

**Choosing a Policy to be Examined Under**

If you entered the program prior to September 2015, you can choose the policy you wish to be examined under. Entering the program in September 2015 or later requires that you be examined under the current Candidacy Exam regulations and administrative processes.

The [GSE website](https://wcm.ucalgary.ca/gse/node/2014#quickset-field_collection_quicktabs_9) can be helpful in comparing the two policies if needed.

**Examiner Attendance**

Examiners may choose to attend the exam in-person or remotely. If for any reason, someone planning to attend in-person must attend remotely, it is important that they can be contacted by phone. Remote examiners must also provide a phone number in case there is an issue with their connection. For these reasons, all exam attendees, including the student, are required to provide a back-up phone number on the form below.

***Should any exam attendee attending in person, including the student, be unable to participate in person for any reason, please notify the GPA as soon as possible.***

**15-minute presentation**

Students have the option to do a 15-minute presentation at the beginning of their exam to summarize their research project. These 15 minutes will not be included as part of the exam, so confirm that your committee will be available for a 3.5-hour period if a presentation is planned.



GSE Candidacy Exam Schedule Request Form

**Note that Supervisors are responsible for all exam arrangements**

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| **Student Information** | | | | | | | |
| Student Name: | | | UCID: | | Date: | | |
| Department: Community Health Sciences | | | | | | | |
| Degree: | | Specialization (if applicable): | | | | | |
| **Exam Information** | | | | | | | |
| Examination Rules:  Choose an item. | | | | | | | |
| Date of Examination  Click here to enter a date. | Time of Examination | | | Exam Location:  Choose an item. | | | |
| **Examination Committee** | | | | | | How attending? | Clear of conflict of interest |
| Supervisor:       Backup Phone #: | | | | | | Choose an item. | N/A |
| Co-Supervisor:       Backup Phone #: | | | | | | Choose an item. | N/A |
| Committee Member 1: Backup Phone #: | | | | | | Choose an item. | N/A |
| Committee Member 2:       Backup Phone #: | | | | | | Choose an item. | N/A |
| Committee Member 3:       Backup Phone #: | | | | | | Choose an item. | N/A |
| Committee Member 4:       Backup Phone #: | | | | | | Choose an item. | N/A |
| Examiner 1:       Backup Phone #: | | | | | | Choose an item. | Choose an item. |
| Examiner 2: Backup Phone #: | | | | | | Choose an item. | Choose an item. |
| **Supervisor’s Acknowledgement** | | | | | |  |  |
| That both **Examiners** meet the following criteria: | | | | | | | |
| Have a well-established research reputation | | | | | | | |
| Have expertise in the area of the student’s research | | | | | | | |
| Have experience in evaluating theses at a graduate level | | | | | | | |
| Have experience in supervising to completion at the graduate level | | | | | | | |
| Are not a close personal friend of the Supervisor | | | | | | | |
| Have not collaborated with the Supervisor in the past five years | | | | | | | |
| Are not closely related to nor have worked with the student. | | | | | | | |
| If any of the above criteria have not been met, please attach a memo explaining why you still wishes to make the recommendation. | | | | | | | |
| **Confirmation to go forward to Candidacy**:  The candidacy examination cannot be scheduled until a copy of the Candidacy Prep Form has been forwarded to the GPA (at least 3 months prior to the exam date).  Please indicate when the Candidacy Prep Form was sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Student Confirmation | | | | | | | |
| **Indigenous Cultural Protocol Plan** | | | | | | | |
| Ii’taa’poh’to’p, the University of Calgary’s Indigenous Strategy, seeks to ensure that policies, practices, and procedures are supportive and respectful of Indigenous ways of knowing, doing, connecting, and being. Indigenous graduate students and those who are working with Indigenous Elders or Knowledge Keepers are encouraged to incorporate Indigenous ceremonies and/or traditions into their exams.  Will the student incorporate Indigenous ceremonies and/or traditions into the exam? **Yes  No** | | | | | | | |
| Will you be doing a 15-minute presentation at the start of your exam? Yes | | | | | | | |
| Has completed all required courses | | | | | | | |
| Fees and registration are up to date | | | | | | | |
| Research Integrity Day attended. Provide date: | | | | | | | |
| Ethics approval for project has been received – Send a copy to your GPA | | | | | | | |
| Current Annual Progress Report has been completed | | | | | | | |
| ***The student must provide the telephone number of at least one person (e.g., friend, roommate, relative) who can be contacted in case the connection with the student is lost with no possibility of re-connection or for emergencies. This information will be communicated to the Neutral Chair and will be used only for the above stated purposes.***  Name of contact:  Phone number: | | | | | | | |