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

The [Candidacy Schedule Request Form](#Text1) needs to be completed and submitted with accompanying documentation by the deadline dependent on your degree. The form must be submitted to the GSE Office **no later than 6 weeks before your Candidacy exam**. You will also need to submit the Contingency Form along with your Candidacy Schedule Request Form.

This allows the Graduate Program Administrator (GPA) and Graduate Program Director (GPD) to generate and approve additional documents in a timely fashion to meet the deadline imposed by the Faculty of Graduate Studies (FGS). Not adhering to the above could result in your request being denied and a new date will need to be selected.

**Oral Exam Location**

Typically exams will be held in the Graduate Science Education Boardroom. Please contact your GPA to ensure the space is available for your proposed exam date. Due to the current situation with COVID-19, you may need to hold the exam remotely using Zoom as per the Contingency Plans of our Faculty. Your GPA will assist with setting up the Zoom meeting.

**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 attending via teleconference or videoconference are required to provide a back-up telephone number prior to the exam date to ensure connectivity is maintained. Disconnection of an examiner for longer than 5 minutes will result in the exam being considered invalid. Please note that the requirement of no more than two examiners may attend via video or teleconference is suspended until August 31, 2020 and all examiners may attend remotely at this time.

Distant Examiners also need to provide an email copy of their Examiners Report on Thesis along with a statement granting the Neutral Chair permission to initial, as necessary, the Final Report of Thesis on their behalf.

**15 minute presentation**

Students have the option to do a 15-minute presentation at the beginning of their exam to summarize their research project. This 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 | | | Place of Examination: | | | |
| **Examination Committee** | | | | | | Attending Remotely? | 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: | | | | | | | |
| Has a well-established research reputation | | | | | | | |
| Has expertise in the area of the student’s research | | | | | | | |
| Has experience in evaluating theses at a graduate level | | | | | | | |
| Has experience in supervising to completion at the graduate level | | | | | | | |
| Is not a close personal friend of the Supervisor | | | | | | | |
| Has not collaborated with the Supervisor in the past five years | | | | | | | |
| Is not closely related to, or have not 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 | | | | | | | |
| Will you be doing a 15 minute presentation at the start of your exam? Yes | | | | | | | |
| Has completed all required courses with a gpa of 3.0/4.0 (list courses taken): | | | | | | | |
| Fees and registration are up to date | | | | | | | |
| Research Integrity Day attended. | | | | | | | |
| Ethics approval for project has been received – Send a copy to your GPA | | | | | | | |
| Current Annual Progress Report has been completed | | | | | | | |

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|  | | **COVID-19 Field of Study Contingency Format:**  **Student/Supervisor/Examiners Participating Remotely**  **This is a retake exam.** | | | | |
| ***The purpose of this form is to pre-approve a remote format for an Oral Examination scheduled during the COVID-19 situation. The form is to be used starting March 16, 2020 and until further notice.***  *Questions about the use of this information should be directed to the FOIP Advisor, Faculty of Graduate Studies, (403) 220-4938.* | | | | | | |
| **Student Information** | | | | | | |
| Student: | | Date: | | | UCID: | |
| Department/Program: | | | | | | |
| Oral Examination: **Field of Study (FoS)** | |  | | | | |
| **Telecommunications plan** | | | | | | |
| In the event of a university closure all examiners and the students will be connected via zoom videoconferencing, with a Zoom teleconference option as a back-up for all examiners.  For the student attending remotely, they have to participate with a video link in order to see them. This satisfies the requirement to verify the student is present in the absence of a proctor. The Graduate Program Administrators and the neutral chair will work together to set up zoom videoconferencing for the examination committee (the university has a site license, <http://elearn.ucalgary.ca/zoom/>). | | | | | | |
| Date of Examination: | Time of Examination (student): | | | Place of Examination (Student): | | |
| Time of Examination (Committee): | | | Place of Examination (Committee): | | |
| **Committee** | | | | | Participating remotely? | Clear of conflict of interest |
| **,** Neutral Chair, Department | | | | |  | N/A |
| **,** Supervisor | | | | |  | N/A |
| **,** Co-Supervisor, Department (if applicable) | | | | |  | N/A |
| **,** Supervisory Committee, Department (if applicable) | | | | |  | N/A |
| **,** Supervisory Committee, Department (if applicable) | | | | |  | N/A |
| **,** Internal Examiner | | | | |  |  |
| , External Examiner | | | | |  |  |
| , Proctor (if applicable) | | | | | X | N/A |
| **Student’s Acknowledgement** | | | | | | |
| **The student’s signature below acknowledges the arrangements for the remote examination.** | | | | | | |
| Date: | | | Student’s Signature: | | | |

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| **Program’s Acknowledgement** | | | |
| **The Graduate Program Director's signature below verifies That:**  The student has requested and accepts to take the examination remotely (*Documentation must be kept on file*).  All committee members are aware and agree with the arrangements for the remote examination.  Arrangements have been made for stable and reliable communication during the examination.  The Neutral Chair has been provided with the contact information in case of emergency or unanticipated situations. | | | |
| Date:GPD’s name: | | *GPD’s Signature*: | |
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