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| Comprehensive Examination Planning Form  *To be completed jointly by the doctoral student and the supervisor(s) and* ***to be submitted via the CEU e-learning site*** |
| **GENERAL** |
| *Academic year:* |
| *Name of the probationary doctoral candidate:* |
| *Provisional title of dissertation project:* |
| *Supervisor(s):* |

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| **PROPOSED TOPICAL FIELDS\*** |
| *Title 1:* |

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|  | | | | MEDS Doctoral Committee use only | | | |
| BIBLIOGRAPHY |  | SYLLABUS |  | APPROVED |  | NOT APPROVED |  |

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| *Title 2* |

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**\* *Nota bene:*** The same bibliographical item cannot appear in both your topical field bibliography and syllabus

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| Student’s signature | Date: |

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| Supervisor’s comments (if any) |

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| **MEDS Doctoral Committee use only**  Comments (if any) | |
| Program Director’s signature | Date |