

Student Name (**LAST**, First) _____

Student Number _____

Major Department/Unit _____

Result of Candidacy Examination (GRAD 8010):

Pass		Fail	
Please indicate if this was a:	First Attempt Second Attempt	Please indicate if this was a:	First Attempt* Second Attempt
Date student completed requirements:	_____ (MM/DD/YYYY)	Completion date of this attempt:	_____ (MM/DD/YYYY)

*After the first attempt failure, a remediation plan is required to be provided in writing to the student that outlines the deficiencies observed and timeline moving forward. Please also ensure the student is informed of the supports available at the UM through [Student Affairs](#). Additionally, please advise the student that, according to the [UM Accessibility Procedure](#), it is the student’s responsibility to register with [Student Accessibility Services \(SAS\)](#) if they require accommodations for a documented disability **prior** to a subsequent attempt at the exam.

Remediation plan attached? Yes No

Examining Committee

Names	Department/Unit	Signatures
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department/Unit Head Signature _____ Date _____ (MM/DD/YYYY)

This document is available in alternative formats by contacting graduate.studies@umanitoba.ca