



**Graduate Department of Pharmaceutical Sciences
PhD Qualifying Examination Report**

Date: _____

Please complete and submit this form to phm.grad@utoronto.ca or to the Graduate Office in Room 658 within two (2) working days from the examination.

The purpose of this examination is to assure that the student is technically and intellectually prepared to transfer to the PhD program.

Student Name: _____ **Student Number:** _____

Start Date of MSc program: _____ **Deadline for Qualifying exam:** _____

Supervisor's Name(s): _____

Title of Research Proposal: _____

Is this examination a repeat of a previous examination? Yes No

(Date of original examination, if applicable _____)

Research Proposal	Yes	No	Minor Changes Needed
<ul style="list-style-type: none"> • Is the scientific question (including hypothesis if applicable and objectives) clearly defined and achievable? • Is the necessary background information provided? • Is the rationale of the proposed research convincing? • Is the research approach sound? • Is the research likely to yield interpretable results? • Will the results constitute an important scientific or technical advance? • Are all aspects of the proposal clearly written and accessible to a non-specialist? 			

MSc-PhD Transfer Examination Report

Student: _____

Evaluation of Student	Excellent	Good	Poor	Unacceptable
<ul style="list-style-type: none">• Critical analysis/problem solving• Originality/creativity• Clarity of oral presentation• Background knowledge and ability to answer questions• Progress to date				

Criteria for passing the exam:

1. The student must demonstrate a clear understanding of the scientific knowledge, methodological details and the broad context of their research, as well as the relationship between the proposed research and cognate bodies of knowledge.
2. The student must be technically and intellectually prepared to carry out the proposed research program and write a defensible thesis within the program timeline (e.g. four to five years).

Recommendation:

PhD Qualifying Examination Report

Student: _____

The undersigned certify that _____ **has** **has not** satisfactorily completed the PhD Qualifying Examination in the Graduate Department of Pharmaceutical Sciences.

In the event the student has not satisfactorily completed the Qualifying Examination, the student should be re-examined prior to the end of 24 months in the full-time program and 32 months in the flex-time program. Deadline to be re-examined (if applicable)_____

Chair

Name

Signature

Supervisor(s)

Name

Signature

Name

Signature

Advisory Committee Members

Name

Signature

Name

Signature

External Member:

Name

Signature

Internal Member:

Name

Signature

Student:

Name

Signature