

MSc Oral Examination Committee Nomination Form

Please complete and submit this form to phm.grad@utoronto.ca SIX (6) weeks prior to the expected examination date.

Student Name: _____ Student Number: _____ Email: _____

Thesis Title: _____

Date/Time of Examination (if already established): _____
(If not established: student to provide to provide up to four possible date/time options)

Exam Format: in-person hybrid (with permission of the Director)

Thesis Supervisor: _____ Email: _____

Co-supervisor: _____ Email: _____

EXAMINATION COMMITTEE

The Examination Committee consists of four to five voting members. Although quorum is **FOUR** voting members, it is recommended that the examination committee include **FIVE** voting members to ensure the examination proceeds as scheduled. The Committee must include a minimum of two Advisory Committee members and one External Examiner.

Appraiser: The Appraiser of a thesis should be either a Faculty Member of the School of Graduate Studies at the University of Toronto or someone of equivalent status with expertise in the field of research. The Appraiser cannot be a member of the student's Advisory Committee. Appraisers without an SGS appointment must be approved by the Graduate Office. **The Appraiser must submit a written report one week prior to the examination.**

Appraiser: _____ Academic Position: _____

Department: _____ University: _____

Area of Specialization: _____ Email: _____

A. Members of the student's Advisory Committee (include the Supervisor/Co-supervisor):

1) Name: _____ Dept: _____ Email: _____

2) Name: _____ Dept: _____ Email: _____

3) Name: _____ Dept: _____ Email: _____

4) Name: _____ Dept: _____ Email: _____

5) Name: _____ Dept: _____ Email: _____

B. External Examiner: Not a member of the student's Advisory Committee and not closely involved in the supervision of the thesis. The External Examiner may be a member of the Department of Pharmaceutical Sciences. The Appraiser may also serve as the External Examiner.

Name: _____ Dept: _____ Email: _____

C. Examination Chair (appointed by the Graduate Department):

Name: _____ Email: _____

Please provide a permanent, personal e-mail address (e.g. alumni utoronto, gmail, etc.) We'd like to stay in touch to see how you're doing, and to keep you updated on what's happening in the department.

Email: _____