

MSc-PhD Transfer Examination Committee Nomination Form

Please complete and submit this form to p hm.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 one Advisory Committee member and one External Voting Member and one Internal Voting Member.

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 Voting Member: The External Voting Member should be external to the Department of Pharmaceutical Sciences and not a member of the Advisory Committee. S/he should be a recognized expert on the subject of the thesis and must have SGS appointment.

Name: _____ Academic Position: _____

Department: _____ University: _____

Area of Specialization: _____ Email: _____

C. Internal Voting Member: Select one member from the [Graduate Faculty listing](#) in the Department of Pharmaceutical Sciences

Name: _____ Email: _____

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

Name: _____ Email: _____