

### PhD Qualifying Examination Committee Nomination Form

Please complete and submit this form to [p hm.grad@utoronto.ca](mailto: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: \_\_\_\_\_