Please complete and submit this form to phm.grad@utoronto.ca or to the Graduate Office in Room 658 SIX (6) weeks prior to the expected examination date.

Student: ___________________________ Student Number: ______________ E-mail: ______________

Thesis Title: _____________________________________________________________________________
________________________________________________________________________________________

Date/Time of Examination (provide a 2-week window of potential dates): _____________________________

Location of Examination (arranged by Department): _____________________________________________

Thesis Supervisor: ___________________________ E-mail: ________________________________

Co-supervisor: ______________________________ E-mail: ________________________________

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, 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: __________________________

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: __________________________ E-mail: ________________________________

C. Internal Voting Member: Select one member from the Graduate Faculty listing in the Department of
Pharmaceutical Sciences.

Name: _____________________________________ E-mail: ______________________________

EXAMINATION CHAIR (appointed by the Department)

Name: ____________________________________ E-mail: ______________________________