

## MSc-PhD Transfer Examination Nomination Form

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