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MSc Oral Examination Committee Nomination Form

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

Student Name:	Student Number:	Email:
Thesis Title:		
	n (arranged by the Graduate Department): ek window of potential dates)	
Location of Examination	(arranged by the Graduate Department): _	
Thesis Supervisor:	Email	:
Co-supervisor:	Email	:
EXAMINATION COMMITT	EE	
Appraiser: The Appraiser University of Toronto or something the student's Acceptable in the student in the stude	of a thesis should be either a Faculty Mem meone of equivalent status with expertise i	Committee members and one External Examiner. ber of the School of Graduate Studies at the n the field of research. The Appraiser cannot be a SGS appointment must be approved by the week prior to the examination.
Appraiser:	Academic	Position:
Department:	Un	iversity:
Area of Specialization:		Email:
A. Members of the stude	ent's Advisory Committee (include the Su	upervisor/Co-supervisor):
) Name:	Dept:	Email:
2) Name:	Dept:	Email:
3) Name:	Dept:	Email:
l) Name:	Dept:	Email:
5) Name:	Dept:	Email:
supervision of the the		Committee and not closely involved in the ember of the Department of Pharmaceutical miner.
	Dept:	Email:
Name:		
	opointed by the Graduate Department):	