

PhD Thesis Assurance Form

Please complete and submit this form to pharm.sci@utoronto.ca or to the Graduate Office (Room 658) EIGHT (8) weeks prior to the examination date.

I, the student, have read the section on Code of Behaviour in the School of Graduate Studies Calendar.

Student Name: _____ Email: _____

Signature: _____ Date: _____

Supervisor(s): _____

Thesis Title: _____

By signing and dating this form, you are assuring the Graduate Chair that you have thoroughly read the thesis of the above-named student and believe, to the best of your knowledge, that it is an original piece of work by the student and is in a suitable format to be distributed to the Committee Members for the Senate Oral Exam at the School of Graduate Studies.

Supervisor

Name: _____ Signature: _____ Date: _____
Please Print

Co-supervisor (if applicable)

Name: _____ Signature: _____ Date: _____
Please Print

Advisory Committee Members

(Other than the supervisor/co-supervisor; at least 2 signatures required for PhD and at least 1 signature required for MSc)

Name: _____ Signature: _____ Date: _____
Please Print

Name: _____ Signature: _____ Date: _____
Please Print

Name: _____ Signature: _____ Date: _____
Please Print

The Advisory Committee Members who have signed this form should coincide with the student's Advisory Committee Members Form on file. If a member is being substituted or changed, the Graduate Chair should be informed in writing for approval before the meeting takes place.