

PhD Final Oral Examination Committee Nomination Form

Please complete and submit this form to pharm.sci@utoronto.ca EIGHT (8) weeks prior to the proposed examination date(s).

Student Name: _____ Student Number: _____ E-mail: _____

Thesis Title: _____

Date/Time of Examination* (approved by the Department): _____

*provide at least three potential dates/times

Location of Examination (arranged by the Department): _____

Supervisor: _____ E-mail: _____

Co-supervisor: _____ E-mail: _____

Please provide a permanent, personal email address (e.g. alumni utoronto, gmail, etc.). We'd like stay in touch to see how you're doing, and to keep you updated on what's happening in the department.

Email: _____

External Appraiser

The External Appraiser of a thesis should be external to the University as well as to teaching hospitals and Research Institutes affiliated with the University. S/he should be a recognized expert on the subject of the thesis and, normally, will be an Associate or Full Professor at his or her home institution. The Graduate Department will certify that the proposed External Appraiser has an arm's-length relation both with the candidate and with the Supervisor. (Usually, this will exclude anyone who, in the past six years, (i) has been a departmental colleague of the candidate or Supervisor, (ii) has been a student or teacher of the candidate or the Supervisor, or (iii) has collaborated on a research project with the candidate or Supervisor.)

If the proposed External Appraiser is neither an Associate nor a Full Professor, or if that person does not hold an academic appointment, please provide a letter of explanation together with a copy of his or her curriculum vitae.

Name: _____ Academic Position: _____

Department: _____ University: _____

Area of Specialization: _____

Address: _____

Telephone: _____ E-mail: _____

If the External Appraiser is to serve as a member of the Examination Committee (either in person or by teleconference), please include his or her name in section B below.

Examination Committee

The Examination Committee consists of four to six voting members. Although quorum is **FOUR** voting members, it is recommended that the Examination Committee include at least **FIVE** voting members to ensure the examination proceeds as scheduled.

The Committee must include:

- at least one member, but not more than three, of the candidate's Advisory Committee;
- at least two or three examiners, who have not been closely involved in the supervision of the thesis. (Those eligible include the External Appraiser, appointed faculty members of the candidate's graduate unit, and appointed faculty members from other graduate units at the University.)

The Examination Committee *may* also include up to two non-voting members.

You must ascertain in advance that the persons nominated are willing to serve on the Examination Committee. Exceptions to the above composition **must** be approved by the Associate Dean of the relevant division of the School of Graduate Studies.

A. One to three members of the candidate's Advisory Committee (include the Supervisor/Co-supervisor):

1) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

2) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

3) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

B. Two to three examiners who have not been closely involved in the supervision of the thesis (include the External Appraiser):

4) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

5) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

6) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

C. Non-voting members:

7) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus

8) Name: _____ Department: _____ E-mail: _____

Graduate Faculty Appointment: Full Member Associate Member Member Emeritus