

PhD Final Oral Examination Committee Nomination Form

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

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

Thesis Title: _____

Date/Time of Examination Please provide the date/time of the exam _____

If a date/time has not be already determined, please provide up to FOUR possible dates/time and the graduate department will assist with finalizing:

1. DATE _____ TIME AM or PM 3. DATE _____ TIME AM or PM

2. DATE _____ TIME AM or PM 4. DATE _____ TIME AM or PM

Exam Format: Virtual Hybrid In-person Preferred Room (optional): _____

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

1. The external appraiser must be external to the University as well as to its affiliated teaching hospitals and their research institutes.
2. The external appraiser must be a recognized expert on the subject of the thesis, and an Associate or Full Professor at their home institution and experienced as a successful supervisor of doctoral candidates through to defense. An appraiser from outside the academic sector must possess the qualifications to be appointed to an academic position at this level.
3. The external appraiser must be at arm's length from both the Candidate and the Supervisor(s). Normally, this will exclude anyone who: has served as Master's or PhD Supervisor/Supervisee of the Candidate or the Supervisor; or has, in the past six years, been a departmental colleague of the Candidate or the Supervisor, or has collaborated on a research project, scholarly work or publication, with either of them.

Name: _____ Academic Position: _____

Department: _____ University: _____

Area of Specialization: _____

Telephone: _____ E-mail: _____

If the External Appraiser is to serve as a member of the Examination Committee (either in person or virtually), 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 no 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