



PhD Qualifying Examination Nomination Form

Please complete and submit this form to 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: 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: _____ ☐ AM or ☐ PM 2. DATE: _____ ☐ AM or ☐ PM

3. DATE: _____ ☐ AM or ☐ PM 4. DATE: _____ ☐ AM or ☐ PM

Exam Format (choose one): ☐ virtual ☐ hybrid ☐ in-person

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: _____

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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: _____

December 2023