

MSc Oral Examination Committee Nomination Form

Please complete and submit this form to phm.grad@utoronto.ca SIX (6) weeks prior to the expected examination date.

Student Name: _____ Student Number: _____ Email: _____

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 <input type="checkbox"/> or PM <input type="checkbox"/> | 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): _____

Thesis Supervisor: _____ Email: _____

Co-supervisor: _____ Email: _____

Appraiser: The Appraiser of a thesis should be either a Faculty Member of the School of Graduate Studies at the University of Toronto or someone of equivalent status with expertise in the field of research. The Appraiser cannot be a member of the student's Advisory Committee. Appraisers without an SGS appointment must be approved by the Graduate Office. **The Appraiser must submit a written report one week prior to the examination.**

Appraiser: _____ Academic Position: _____

Email: _____ University: _____

Area of Specialization: _____

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 two Advisory Committee members and one External Examiner.

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|----------------|-------------|--------------|
| 1. Name: _____ | Dept: _____ | Email: _____ |
| 2. Name: _____ | Dept: _____ | Email: _____ |
| 3. Name: _____ | Dept: _____ | Email: _____ |
| 4. Name: _____ | Dept: _____ | Email: _____ |
| 5. Name: _____ | Dept: _____ | Email: _____ |

B. External Examiner: Not a member of the student's Advisory Committee and not closely involved in the supervision of the thesis. The External Examiner may be a member of the Department of Pharmaceutical Sciences. The Appraiser may also serve as the External Examiner.

Name: _____ Dept: _____ Email: _____

C. Examination Chair (appointed by the Graduate Department):

Name: _____ Email: _____

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

Email: _____