

**Institute of Health Policy, Management and Evaluation (IHPME)
University of Toronto
M.Sc. Oral Defence Membership Form**

On confirmation of the date/time with your committee, please submit this form at least **6 weeks in advance** of the defence date to:

Kerstin Giannini, HSR Graduate Assistant
ihpme.hsr.grad@utoronto.ca 416-946-4100

OR Zoe Downie-Ross, CEHCR Graduate Assistant
clinepi.grad@utoronto.ca 416-946-3486

Institute of Health Policy, Management and Evaluation
155 College Street, Suite 425, Toronto, ON M5T 3M6
fax 416-978-7350

Date/Time of Defence: _____

Location: _____

Chair: _____

Information regarding your thesis defence will be communicated to your Committee and Reviewers by fax or email. Kindly include the fax number and email address.

Thesis Committee

The student/supervisor is responsible for:

- securing the members of the defence committee
- setting the date/time of the defence
- forwarding the thesis proposal to all members as well as two copies to the IHPME program office

The IHPME Graduate office is responsible for:

- securing a Chair
- booking the room and AV equipment
- confirming arrangements with Examination Committee

Date: (dd/mm/yyyy): _____

From (Supervisor): _____

To: Whitney Berta, Graduate Coordinator

Student Name: _____

Student Number: _____

Phone/Fax/Email: _____

Thesis Title: _____

Has the entire thesis committee read the thesis, and agreed that it is ready for defence? Yes No

Has the candidate completed the course/examination requirements? Yes No

When will a draft of the thesis be ready for distribution? (dd/mm/yy) _____

Please indicate equipment required:

- Projector Laptop Speaker phone

SGS Sessional Dates

www.sgs.utoronto.ca/currentstudents/Pages/Sessional-Dates.aspx
including deadline dates for submission of theses to avoid fees & also determine convocation date

Supervisor: _____

Phone: _____ Fax: _____

Email: _____

Member: _____

Phone: _____ Fax: _____

Email: _____

Member: _____

Phone: _____ Fax: _____

Email: _____

Recommended Reviewers

Recommended external and internal reviewers must have an “arms length” relationship to both, the student and the thesis project.

External Reviewer (outside IHPME)

Name _____

Phone: _____ Fax: _____

Email: _____

Address: _____

Internal Reviewer (within IHPME)

Name _____

Phone: _____ Fax: _____

Email: _____

Address: _____