

PhD Final Oral Examination Committee & Booking Request

Note: This form is to be submitted a minimum of 8 weeks prior to the requested date to either:

- Graduate Assistant, MSc/PhD – HSR: ihpme.hsr.grad@utoronto.ca

STUDENT INFORMATION

Candidate _____

Student Number _____

Thesis Title _____

Note: Provide the full, correct, final title. This will be the title that will appear on your transcript. If the title changes, please inform the Graduate Office as it must be updated on ROSI, as well.

Exam Details	
Date	
Time	

EXAMINATION COMMITTEE MEMBERSHIP

Thesis Committee (print name)	Signature	Thesis Read & Approved	
Supervisor		Yes	No
Co-Supervisor		Yes	No
Committee Member		Yes	No
Committee Member		Yes	No

Departmental Appraiser	
Name	

Note: this will normally be Whitney Berta (Graduate Coordinator) or Don Willison (HSR).

Internal Appraiser	
Name	
Email	

External Appraiser	
<p>(NOTE: CV must be submitted to the IHPME graduate office for SGS approval)</p> <ul style="list-style-type: none"> • Must be external to the U of T, as well as its affiliated teaching hospitals and their research institutes • Must be at arm's length from both the candidate and the supervisor(s) • Must be a recognized expert on the subject of the thesis • Must be an Associate or Full Professor at his/her home institution • Must be experienced as a successful supervisor of doctoral candidates through to defense 	
Name	
Email	
Attending the Exam?	<p>Yes, in person Yes, by teleconference No</p> <p>Note: If External Appraiser attends the exam, the Supervisor will have to cover travel expenses.</p>

VOTING MEMBERS

SUPERVISORY COMMITTEE

Note: If the committee member also participated in the supervision of the thesis, check 'yes'. If the committee member is joining the committee only for the purposes of the Final Oral Exam, check 'no'. Please print names.

Print Name	Thesis Read & Approved	
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No

Note: Maximum of six voting members with a quorum of 4 voting members. At least two of the voting members must not be from the Supervisory committee.

EQUIPMENT REQUIRED (PLEASE CHECK EACH ITEM REQUIRED):

Conference Phone Laptop Projector Other _____

To be filled out by Graduate Assistant	
Exam Location	

Approved/Signed by the Graduate Coordinator, IHPME