



Reclassification / Qualifying Exam

Student Name: _____

Student Number: _____

Title of Proposal: _____

Proposed Examining Committee

Please complete the table below with your Supervisory Committee information, and your first and second choice for External Examiner (a U of T faculty member whose primary appointment is outside the Department of Immunology).

*A member of the Graduate Committee and one additional examiner from within the Department of Immunology **will be assigned to your exam.***

Supervisory Committee	External Examiner
Supervisor: Committee Member 1:	<i>First choice</i> Name: Department: Email:
Committee Member 2: Committee Member 3: (if applicable*)	<i>Second choice (will be contacted if First choice is not available)</i> Name: Department: Email:

**If you have more than three supervisory committee members, all may participate in the exam but one must be a non-voting member (usually the supervisor).*

Grad Coordinator's Signature: _____

Date: _____