



Fill out after your committee meeting and send the completed form to the
Graduate Program Assistant: graduate.immunology@utoronto.ca

Student Name: _____

Student Number: _____

Title of Proposal:

Please check one of the following:

- Student will not be taking the reclassification/qualifying candidacy exam but rather an MSc defense taking place in _____ months.
- Student will be taking the reclassification/qualifying candidacy exam. Please fill out the section below.

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

**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: _____