



Ph.D. Thesis Defense

Student Name: _____

Supervisor Name: _____

Permission to Write Date: _____

Title of Thesis: _____

Availability of Supervisory Committee including your Supervisor

Date 1: _____

Date 2: _____

Date 3: _____

Proposed Examining Committee

*Please submit to the Graduate Department 8 weeks prior to the examination date to be approved by the Graduate Coordinator. *Note: Quorum for the FOE is 5.*

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).

Supervisor: _____

Supervisory Committee Member: _____

Supervisory Committee Member: _____

Internal Non-Supervisory Committee Member: _____

Internal Non-Supervisory Committee Member: _____

External Non-Supervisory Committee Member: _____

(External examiner must be arms' length from the Supervisor, and from outside U of T)

If your initial preferred examiners are unable to commit to your exam, we will contact the following people:

Non-Supervisory Committee Member: _____

Non-Supervisory Committee Member: _____

Non-Supervisory Committee Member: _____

Non-Supervisory Committee Member: _____

****Please remember to attach an e-version of your abstract when submitting this form.****

Grad Coordinator's Signature: _____

Date: _____