



Complete this form after your second committee meeting and send to:  
graduate.immunology@utoronto.ca

Student Name:

Student Number:

Title of Proposal:

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### 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: \_\_\_\_\_