

DEPARTMENT OF PHYSIOLOGY

COMPOSITION OF THE PhD FINAL ORAL EXAMINATION OF THE SCHOOL OF GRADUATE STUDIES

This form must be submitted to the Physiology Office at least eight weeks prior to the examination. The Examination Committee for the Final Oral Examination at SGS will consist of the following and must be approved by the Graduate Studies Committee.

NAME OF CANDIDATE: _____

DATE AND TIME OF EXAMINATION: _____

THESIS TITLE:

Non-Voting Members

Chair – To be appointed by the School of Graduate Studies.

Supervisor(s): _____

– May be asked to comment at the beginning and/or the end of the examination.

Voting Members – Provide **at least 5 members** to ensure a quorum of 4. All local members must be appointed as members of the Graduate Faculty of the School of Graduate Studies, University of Toronto.

External Appraiser – From outside the University. Must be a member of a Graduate Faculty at a recognized University. Arm's length relation to the supervisor and the student (no collaboration, co-authorship of papers or grants for 5 years).

Must submit, in electronic format, a current CV for the proposed external appraiser to the Physiology Graduate Office (rosalie.pang@utoronto.ca).

Please check one:

- Will attend in person
 Will not attend in person
 (by teleconference ? Y / N)

(If the external appraiser is NOT attending at all, you must provide one more member.)

Name:	Area of Expertise:		Mailing Address (incl. room number):
Phone:	Fax:	e-mail:	

Internal Member - Not a member of supervisory committee. Should be sought first from outside the Department but cross appointed Physiology member acceptable. Must have "arm's-length" relationship to supervisor and student (no collaboration, co-authorship of papers or grants for 5 years).

Name:	Department:
Phone:	e-mail:
Fax:	

Field Experts – **At least two** members of the Departmental Research Grouping but not members of the Supervisory Committee. Should it prove difficult in exceptional circumstances to identify such an individual the Graduate Studies Committee will consider alternative candidates.

Name (1):	Department:
Phone:	e-mail:
Fax:	

Name (2):	Department:
Phone:	e-mail:
Fax:	

Supervisory Committee Member – (minimum and maximum of 1) Should this member need to be replaced in an emergency it should be easy to second a different member of the Supervisory Committee.

Name:	Department:
Phone:	e-mail:
Fax:	

Signature of the Graduate Coordinator

Date