

Department of Physiology
University of Toronto

Oral Defense of Ph.D. Research Grant Proposal

Candidate's Name:

Date / Time of Oral Defense:

Title:

Evaluation:

This candidate has satisfactorily answered at least 75% of questions asked and has therefore completed this requirement for the Ph.D. program.

Comments: (use additional page if required)

Chair:

(print) (signature)

Supervisor:

(print) (signature)

Co-Supervisor: (if applicable)

(print) (signature)

Committee Member:

(print) (signature)

Committee Member:

(print) (signature)

Committee Member:

(print) (signature)