

COMMITTEE FOR THE FINAL M.Sc. ORAL EXAMINATION

Please complete and submit this form to the Departmental Graduate Office or email pharmtox.dept@utoronto.ca along with a copy of the final thesis, at least **FOUR WEEKS** prior to the examination date.

Student:		
Student #:	Telephone:	
Thesis Title:		
Exam Date and Time:	AV/Teleconference:	
Provide FULL CONTACT INFORMACESSARY. Appraiser: For the purposes of subject of the thesis and, normal Toronto. In nominating someon Coordinator that the nominee Supervisor. Voting Members: One of the 2	(Voting Member Quorum: 4 – Not including Co-supervisor) MATION for all non-Pharmacology faculty. Attach separate sheet if the M.Sc. defense, the Appraiser of the thesis should be an expert on ally, will be an Assistant, Associate or Full Professor at the University of the as Appraiser for a thesis, the Supervisor must certify to the Graduanas an arm's-length relationship both with the candidate and with the Voting Members must have a graduate appointment in Pharmacology voting member. The Chair is a Non-Voting Member assigned by the	of te
1. Supervisor(s):	email:	
2. Appraiser:	email:	
3. Voting Member:	email:	
4. Voting Member:	email:	
Other Voting Member (Opt.)	email:	
5. Chair	email:	
	itting this form to the Graduate Coordinator, it will be underst d co-supervisor), have read and approved the student's thesis the Committee Members.	
Supervisor Signature:	Date:	
Co-Supervisor Signature:	Date:	