

DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY
University of Toronto

COMMITTEE FOR THE FINAL M.Sc. ORAL EXAMINATION

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

Student: _____ Telephone: _____

Current Mailing Address: _____

Thesis Title: _____

Confirmed Exam Date and Time: _____

Audio-visual Equipment Required: _____

EXAMINATION COMMITTEE (Voting Member Quorum: 4 – Not including Co-supervisor)

Provide FULL CONTACT INFORMATION including Email Address; Telephone and FAX Numbers for all non-Pharmacology faculty. Attach separate sheet if necessary.

Appraiser: The Appraiser: For the purposes of the M.Sc. defense, the Appraiser of the thesis should be an expert on the subject of the thesis and, normally, will be an Assistant, Associate or Full Professor at the University of Toronto. In nominating someone as Appraiser for a thesis, the Supervisor must certify to the Graduate Coordinator that the nominee has an arm's-length relationship both with the candidate and with the Supervisor.

Voting Members: One of the 2 Voting Members must have a graduate appointment in Pharmacology. The student's Advisor can be a voting member.

1. Supervisor(s): _____

2. Appraiser: _____

3. Voting Member: _____ Graduate
Dept: _____

4. Voting Member: _____ Graduate
Dept: _____

Other Voting Member (Opt.) _____ Graduate
Dept: _____

Non-Voting Member:

5. Chair

_____ *Assigned by the Graduate Coordinator*

By signing, dating and submitting this form to the Graduate Coordinator, it will be understood that you, the supervisor (and co-supervisor), have read and approved the student's thesis for defense and distribution to the Committee Members.

Signature of Supervisor

Date

Signature of Co-Supervisor

Date