

PHARMACOLOGY & TOXICOLOGY DEPARTMENT
University of Toronto

COMMITTEE FOR THE SENATE ORAL EXAMINATION

INSTRUCTIONS: This form should be submitted to the Graduate Office, along with ELECTRONIC COPIES of the Abstract, and External Examiner's FULL C.V. (Not an abbreviated CV). Both pages 1 and 2 must be completed.

Name of Student: _____ Telephone: _____

Current Mailing Address: _____

Final Thesis Title: (PLEASE PRINT): _____

Confirmed Date & Time of Exam: _____

Audiovisual Equipment Required: _____

EXAMINATION COMMITTEE:

Provide full contact information, including Mailing Address, Email Address and FAX Numbers for all non-Pharmacology faculty. Attach separate sheet if necessary.

Non-Voting Chair (*Appointed by SGS*): _____

VOTING MEMBERS: Maximum Members = 6 (Voting Quorum = 5). All members must hold a Graduate Faculty appointment. For Pharmacology Graduate Faculty member status, see:
http://www.pharmtox.utoronto.ca/programs/grad/current/completion/Graduate_Faculty.htm

PhD Supervisory Committee Members (Up to 3)

1. Supervisor _____
Graduate
2. Voting Member _____
Dept: _____
Graduate
3. Voting Member _____
Dept: _____

Non-Supervisory Committee Members (Up to 3)

4. External Examiner _____ **Attending Exam?** _____
(Full Electronic C.V. must be obtained by Supervisor) **Teleconference?** _____
5. External Rep. _____
Graduate
Dept: _____
(Primary appointment must be outside Pharmacology)
6. Departmental Rep. _____
(Appointed by Graduate Coordinator)

NOTE: If the External Examiner for your Senate Examination will not be attending the examination, the External Representative **must** be in attendance. Students should aim for 6 committee members at all times. The examination will be cancelled if less than 5 voting members are present.

The School of Graduate Studies requires that the names of **THREE (3)** potential **External Examiners** be submitted. Please list these in order of preference, and include a **SHORT** one-sentence description of the area of specialization of your First Choice.

We recommend that the Supervisor contact only the Appraiser of First Choice prior to submitting this Senate Oral Examination Committee form. The other 2 are considered alternates.

Definition of External Examiner: *The External Examiner/Appraiser of a thesis should be external to the University as well as to the teaching hospitals affiliated with the University and their research institutes. He/she should be a recognized expert on the subject of the thesis and, normally, will be an **Associate or Full Professor** at his/her home institution. The graduate unit is required to certify that the proposed External Appraiser has an arm's-length relation both with the candidate and with the Supervisor. (Usually, this will exclude anyone who, in the past six years, has been a departmental colleague of the candidate or supervisor, has been a student or teacher of the candidate or Supervisor, or has collaborated on a research project with the candidate or Supervisor.)*

FIRST CHOICE: (Please write in block caps or type)

First Name: _____ Surname: _____

Position: _____ Institution: _____

Full Mailing Address: _____

Telephone Number: _____ FAX: _____ e-mail: _____

Short (one-sentence) description of Examiner's Area of Specialization: *(Must be included)*

SECOND CHOICE:

First Name: _____ Surname: _____

Position: _____ Institution: _____

Full Mailing Address: _____

Telephone Number: _____ FAX: _____ e-mail: _____

THIRD CHOICE:

First Name: _____ Surname: _____

Position: _____ Institution: _____

Full Mailing Address: _____

Telephone Number: _____ FAX: _____ e-mail: _____