

SCHOOL OF GRADUATE STUDIES EXAMINATION COMMITTEE NOMINATION FORM
University of Toronto Ph.D. Examinations Office

Candidate: _____ Student Number: _____

Current Address: _____

Department: Public Health Sciences Phone and Email: _____

Thesis Title: _____

Exam Date/Time: _____

EXTERNAL APPRAISER: Will External attend in person or by teleconference (check one)

Name: _____ Position: _____

Institution: _____

Mailing Address: _____

Area of Specialization : _____

EXAMINATION COMMITTEE: The quorum for voting members is four; the maximum number allowed is six.

A) Up to three members of the supervising committee.

Name	Department	University and Email Address
		(List all University and Email addresses,
		Fax and Phone Numbers on a separate sheet.)

B) At least two (2) examiners who have not been closely involved in the supervision of the thesis.

(This group may include the external)

		(List all University and Email addresses,
		Fax and Phone Numbers on a separate sheet.)

C) Non-voting member(s), if any. _____

D) Chairperson/Dept./Specified Mailing Address: _____

Departments must ascertain in advance the willingness of the persons named to judge the thesis and its defence and their readiness to attend the examination. The examiners will require sufficient knowledge of the content of the thesis to form a judgment about its acceptability. Normally all voting members from the University of Toronto must be members of the Graduate Faculty. **This form must be submitted to SGS along with a certificate of completion.**

By signing this form, the Chair/Director/Graduate Coordinator confirms (i) that all University of Toronto faculty serving on this committee have been appointed to the Graduate Faculty as a full member or either as an associate member or a member emeritus who has been granted voting privileges at a final oral examination; (ii) that the student and the supervisor have had an arms-length relationship with the external appraiser; and (iii) that the student has been instructed not to communicate with the appraiser or the examiners on the topic of the thesis or its defence until the examination is underway.

Signed: _____
 " I tcf wcvg'Ej clrIEqqt f lpcvqt "Date Associate Dean (SGS) Date

SCHOOL of GRADUATE STUDIES

CERTIFICATE OF COMPLETION

University of Toronto

Ph.D. Examinations Office

Candidate: _____ Student Number: _____

Current Address: _____

Thesis Title: _____

Exam Date/Time/Location: _____

The Department/Centre/Institute of Public Health Sciences attests that the above candidate has completed all of its requirements and the School's major and minor requirement(s) for the degree of Doctor of Philosophy and requests that the School of Graduate Studies examine her/him on the completed thesis.

Please complete the following where appropriate:

Department Examinations: Comprehensive, Qualifying, Field, etc.	Date completed: _____
---	-----------------------

Language(s):

Major Field:

First Minor Field:

Second Minor Field:

NOTE: It is not necessary to name the Major and Minor Fields, but if they are to appear on the candidate's transcript, names of fields of study must be used and not specific course titles (unless they themselves are the names of fields of study.)

Add fields to candidate's transcript: [] Yes [] No

 ; fUXi UH'7\ a]r# ccfX]bUrcf

 Date

 For the School of Graduate Studies

 Date