



## 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](mailto:pharmtox.dept@utoronto.ca) along with a copy of the final thesis, at least **FOUR WEEKS** prior to the examination date.

Student: \_\_\_\_\_ Student #: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

Exam Date and Time: \_\_\_\_\_

Location: \_\_\_\_\_ AV/Teleconference: \_\_\_\_\_

**EXAMINATION COMMITTEE (Voting Member Quorum: 4 – Not including Co-supervisor)**  
**Provide FULL CONTACT INFORMATION for all non-Pharmacology faculty. Attach separate sheet if necessary.**

**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. The Chair is a Non-Voting Member assigned by the Graduate Coordinator.

1. Supervisor(s): \_\_\_\_\_ email: \_\_\_\_\_

2. Appraiser: \_\_\_\_\_ email: \_\_\_\_\_

3. Voting Member: \_\_\_\_\_ email: \_\_\_\_\_

4. Voting Member: \_\_\_\_\_ email: \_\_\_\_\_

Other Voting Member (*Opt.*) \_\_\_\_\_ email: \_\_\_\_\_

5. Chair \_\_\_\_\_ email: \_\_\_\_\_

**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.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_