

Appendix G
Ph.D. Thesis Defence Form

*This COMPLETED form must be submitted to the office at least **6 weeks**¹ before the proposed Ph.D. Thesis Defence date*

Students Name: _____

Email Address: _____ Student Number: _____

Thesis Title (PLEASE TYPE): _____

Confirmed Thesis Defence Date & Time: _____

Examination Committee: The quorum for voting members is 4; the maximum number allowed is 6 All examiners (except the External Examiner) must have a graduate appointment in the SGS, UofT.			
(1) Supervisory Committee (including Supervisor):			
	Name	Signature*	Date
Supervisor			
Committee member			
Committee member			
Committee member			
* Signature means committee member agrees that the thesis is complete and that the student is ready for the final oral			
(2) External Examiner (Outside of U of T)**:			
Name:		Position:	
Institution:			
Mailing Address:			
Phone Number:		Email Address:	
Area of Specialization:			
Examiner's Assistant (Name & Email address):			
** Must submit a written appraisal which must be given to candidate at least 2 weeks prior to the Thesis Defence Date			
(3) Other²:	Name	Graduate Appointment in which U of T Department?	Email Address
MBP faculty member			
Internal UofT/external to MBP			

¹ Only after this form is submitted to the MBP office can MBP ask SGS to select a Chair (non-voting) for the exam. SGS requires a minimum of 6 weeks from being first notified until the examination date (the winter holidays when the University is closed CANNOT be counted towards the 6 weeks).

² Must not have been closely involved in the supervision of the thesis

Departmental Use only:

Approval by Chair: _____ Date: _____

Seminar 4-204 / _____ Time: _____ Catering: _____

Oral Exam 15-710 / _____ Time: _____