

PhD Final Oral Exam (FOE) Booking Sheet

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This form must be submitted via email to researchstream@daniels.utoronto.ca a MINIMUM of 8 weeks prior to the examination date. If the External Appraiser has been pre-approved, candidates can allow 6 to 7, rather than 8 weeks. For exams booked between Jan – Feb, please allow 10 weeks notice, to account for the holiday closure.

The FOE is governed by the School of Graduate Studies. Please consult the <u>SGS Calendar</u> for more information. SGS guidelines for the FOE can be found here.

| Student's Final Thesis: | Enclosed: | Sent: | Will Send: | | | |
|-------------------------------|-----------------------------|------------------------------------|---|--|--|--|
| External Examiner's C\ | √: Enclose | ed: Sent: | Will Send: | | | |
| Section 1: Student In | formation | | | | | |
| Student Name: | ident Name: Student Number: | | Program: | | | |
| Student Phone Number: | | | U of T Email: | | | |
| Thesis Title: | | | | | | |
| Note: Provide the full, corre | ct, final title. This will | be the title that will show on the | e student transcript; if the title changes, it must also be changed on ACORN. | | | |
| Section 2: Exam Infor | mation | | | | | |
| Mode: Online | In-person | Examination Date: | Time: 10 a.m. 2 p.m. Other: | | | |
| Section 3: Committee | Information | | | | | |

| Examiner | Name | Dept. or University | Phone | Email | Method of Attendance |
|---|------|------------------------|----------------------|-------|----------------------|
| Supervisor Supervisory Member #1 | | | | | |
| Supervisory Member #2 | | | | | |
| Supervisory Member #3 | | | | | |
| External Examiner / Appraiser | | | PLEASE SEE NEXT PAGE | | |
| Internal- External Examiner | | | | | |
| Alternate Internal- External | | | | | |
| Non-Voting Member (if applicable) | | | | | |

QUORUM: Minimum 4 voting members. Maximum 6 voting members.

1 to 3 Supervisory Committee Members plus minimum 2 arm's length examiners (1 Internal-External Examiner plus 1 External Examiner.

EXTERNAL APPRAISER/EXAMINER INFORMATION:

The external appraiser must be at arm's length from both the Candidate and the supervisor(s). Normally, this will exclude anyone who: has served as PhD Supervisor / Supervisee of the Candidate or the Supervisor; or has, in the past six years, been a Departmental colleague of the Candidate or the Supervisor, or has collaborated on a research project, scholarly work or publication, with either of them.

| Pre-Approved by Graduate Coordinator/Program Di | irector? YES NO | | | | |
|--|---|--|--|--|--|
| Name: | Phone Number: | | | | |
| Email Address: | University: | | | | |
| Mailing Address: | | | | | |
| Area of Specialization: | | | | | |
| External Examiner's Participation: | | | | | |
| Will attend the examina | Will attend the examination IN PERSON and will vote | | | | |
| Will participate via vide | ecconference and will vote | | | | |
| Will NOT attend in pers | Will NOT attend in person or remotely and will NOT vote | | | | |
| | | | | | |
| | | | | | |
| SUPERVISORY COMMITTEE CONFIRMA | TION: | | | | |
| | ves as confirmation that all members of the Supervisory Committee is ready to go forward for final oral examination. | | | | |
| | nation without the approval of the graduate unit; under such circumstances, the and the Vice-Dean will make arrangements for the examination in consultation te unit. | | | | |
| Supervisor signature: | Co-supervisor signature (if applicable): | | | | |
| Graduate Coordinator/ Program Director approval: | Dato: | | | | |