



**M.Sc. TO Ph.D. TRANSFER EXAMINATION BOOKING REQUEST FORM**

This form is to be completed and submitted to the Graduate Administrator by the principal research supervisor 8 weeks in advance of the date of the intended M.Sc. to Ph.D. Transfer Examination (longer when winter or summer holidays intervene). The proposed External Examiner & Examination Committee is reviewed and approved by the Associate Dean, Graduate Education.

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

Project Title: \_\_\_\_\_

\_\_\_\_\_

Thesis Abstract: the candidate must submit the abstract, in conformity to SGS standard of not more than 350 words, via email to [gradstudies@dentistry.utoronto.ca](mailto:gradstudies@dentistry.utoronto.ca).

Proposed Date(s) and Start Time(s): \_\_\_\_\_

**Research Proposal: must be submitted to the Examination Committee at least 2 weeks prior to the exam date.**

**Examination Committee:** 4 to 6 voting members permitted; **to include:** the supervisor/co-supervisor, 1 member from the advisory committee (maximum of 3 advisory committee members); 1 External Examiner (Full SGS member external to Dentistry); 1 Full SGS member from Dentistry.

Supervisor/Co-supervisor \_\_\_\_\_

Advisory Committee Member \_\_\_\_\_

Advisory Committee Member \_\_\_\_\_  
(Optional)

Faculty of Dentistry SGS Member 1) \_\_\_\_\_ 2) \_\_\_\_\_

SGS Member external to Dentistry 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Certification by Supervisor:**

All members of the Advisory Committee have approved that the student may undergo the Transfer Examination (attach Report of Advisory Committee Meeting Form or attach individual emails).

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For office use only:**

Associate Dean, Graduate Education \_\_\_\_\_ Date \_\_\_\_\_

Chair: \_\_\_\_\_ Room: \_\_\_\_\_ Conference Phone: Yes \_\_\_\_\_ No \_\_\_\_\_