

BOOKING REQUEST FOR Ph.D. FINAL ORAL EXAMINATION

This form is to be completed and submitted to the Associate Dean, Graduate Education by the principal research supervisor 8 weeks in advance of the date of the intended Ph.D. Final Oral Examination (FOE) and longer when winter or summer holidays intervene. The proposed External Examiner & Examination Committee is reviewed and approved by: 1) the Associate Dean, Graduate Education; 2) the School of Graduate Studies (SGS).

Candidate: _____ Student # _____

Thesis 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.

Proposed Date(s) and Start Time(s): _____

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

Supervisor/Co-supervisor _____

Advisory Committee Member _____

Advisory Committee Member _____
(Optional)

SGS Member External to Dentistry 1) _____ 2) _____

Faculty of Dentistry SGS Member 1) _____ 2) _____
(Optional)

External Examiner - Provide electronic CV or link to obtain CV (indicate whether the examiner will/not attend in person; their area of expertise; Institutional Affiliation and Academic Position currently held.

NOTE: no collaboration (research or student-teacher relationship) is permitted with either of the candidate or the candidate's supervisor in the past 6 yrs.

1) _____

2) _____

Certification by Supervisor:

The final thesis has been approved by all members of the Advisory Committee (attach Report of Final Advisory Committee Meeting Form or confirm date of meeting where members approved FOE could be undertaken).

By signing this form you are agreeing to Chair an upcoming PhD final oral exam.

Supervisor's Signature _____ Date _____

For office use only:

Associate Dean, Graduate Education _____ Date _____

Chair: _____ Room: _____ or Zoom Defence: Yes _____ No _____