



Ph.D. QUALIFYING 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 Ph.D. Qualifying 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.

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

Research Proposal and Literature Review: must be submitted to the Examination Committee at least 3 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 _____

Faculty of Dentistry SGS Member 1) _____ 2) _____
(Full SGS status required)

SGS Member external to Dentistry 1) _____ 2) _____
(Full SGS status required)

Certification by Supervisor:

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

Supervisor's Signature _____ Date _____

For office use only:

Associate Dean, Graduate Education _____ Date _____

Chair: _____ Room: _____ Conference Phone: Yes _____ No _____