



**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 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 Transfer Examination (attach Advisory Committee Meeting Report Form or attach individual emails). Supervisor confirms funding for year 5 of the PhD.

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

**For office use only:**

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

Chair: \_\_\_\_\_ Room: \_\_\_\_\_ Zoom Exam: Yes \_\_\_\_\_ No \_\_\_\_\_