PhD Final Oral Examination Booking Information Sheet

NOTE: This form is used to facilitate exam bookings. It should be completed by the graduate student and submitted to the EEB Graduate Office a minimum of 7 weeks prior to the requested date. The form is not to be forwarded to SGS.

Student Information:

Name: ___________________________________________________ Number: __________

Thesis Title: (Provide the full, correct, final title. This will be the title that will show on the student transcript; if the title changes, it must also be changed on ROSI.) __________________________________________________

Composition of the Examining Committee:

1. The committee must include:
   a) four to six voting members. Voting members must be members of the graduate faculty at U. of T. Since a quorum is four voting members, EEB strongly advises that the committee comprise at least five voting members in case one member cannot attend at the last minute.
   b) at least one examiner who has not been closely involved in the supervision of the thesis. EEB recommends two such members – the external appraiser plus a member from the candidate’s graduate unit, or another graduate unit of the University.

2. A non-voting Chair will be appointed by SGS

3. The Examination Committee may also include up to two additional non-voting members.

List below the exam committee members with email addresses. If the committee member was involved in the supervision of the thesis, check ‘yes’. If the committee member is joining the committee only for the purposes of the Final Oral Exam, check ‘no’.
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Thesis supervision?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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</tbody>
</table>

### Supervisor

<table>
<thead>
<tr>
<th>Co-supervisor or Member(^1)</th>
<th>Member</th>
<th>External(^2)</th>
<th>Member</th>
<th>Member</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please circle one)</td>
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</table>

\(^1\) If there is no co-supervisor, substitute an ordinary examining committee member (from the supervisory committee or not as appropriate)

\(^2\) For the external examiner list the following additional information:

- **Institutional Affiliation:**
- **Area of Specialization:**
- **Mailing Address:**

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Phone Number: ____________________________

The external examiner will ☐ will not* ☐ attend the examination

*If not attending in person, please provide Skype ID: ____________________________

**Exam Details:**

- **Exam date:** ____________________________  **Exam time:** 10 am ☐ or 2 pm ☐

**Equipment Required:** (check each item required): Conference Phone ☐  Computer Projector ☐

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Do you want to replace the traditional oral presentation with the exit seminar? Yes ☐  No ☐

If yes, please provide the date and time of the exit seminar:

- **Seminar date and location:** ____________________________  **Seminar time:** ____________________________

**Exam Location** (to be filled out by Graduate Administrator):

- **Building:** ____________________________  **Room number:** ____________________________