

Ecology & Evolutionary Biology

UNIVERSITY OF TORONTO

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'.

	Name	Email	Thesis supervision?	
			Yes	No
Supervisor			<input type="checkbox"/>	<input type="checkbox"/>
Co-supervisor or Member ¹ (please circle one)			<input type="checkbox"/>	<input type="checkbox"/>
External ²			<input type="checkbox"/>	<input type="checkbox"/>
Member			<input type="checkbox"/>	<input type="checkbox"/>
Member			<input type="checkbox"/>	<input type="checkbox"/>
Member			<input type="checkbox"/>	<input type="checkbox"/>
Non-voting Member (optional)				
Non-voting Member (optional)				

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: _____

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

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: _____