

DEPARTMENT OF PHYSIOLOGY GRADUATE STUDIES ARRANGEMENTS FOR M.Sc. THESIS DEFENSE

Submit this form to the Physiology Graduate Office, MSB 3217, 10 working days prior to your Defense. Examination Committee must be approved by the Graduate Studies Committee prior to the defense.

Name of Student: _____ Research Grouping: _____

Title of Thesis: _____

Date / Time / Location of Defense: _____

Contact the Physiology Office Graduate Office (416-978-2601) to book a room for your defense. Allow at least a two-hour time slot.

EXAMINING COMMITTEE

All Examination Committee members must be Members of the Graduate School. 4 voting members are required to ensure a **quorum of 3**. If quorum is not met the examination will be postponed.

VOTING MEMBERS

Committee Chair: Member of the Departmental Research Grouping but not a member of the Supervisory Committee.

Name:	Department:	
Phone:	e-mail:	Location:

External Member: - Not a member of supervisory committee. Should be sought first from outside the Department but cross appointed Physiology member acceptable. Must have "arm's-length" relationship to supervisor and student (no collaboration, co-authorship of papers or grants for 5 years).

Name:	Department:
Brief explanation of why this member was chosen (i.e. specific expertise):	

Phone:	e-mail:	Location:
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Examination Member: Must be a member of the Supervisory Committee

Name:	Department:	
Phone:	e-mail:	Location:

Examination Member: Member of the Departmental Research Grouping but not a member of the Supervisory Committee.

Name:	Department:
Brief explanation of why this member was chosen (i.e. specific expertise):	

Phone:	e-mail:	Location:
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NON-VOTING MEMBER

Supervisor: - May be asked to comment before or after the examination.

Name:	Department:	
Phone:	e-mail:	Location:

Approval:

Signature of the Graduate Coordinator	Date
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