

PhD Departmental Oral Waiver Request Form

PLEASE NOTE: ALL documentation must be submitted to the IMS office a minimum of nine (9) working weeks prior to the examination date.

Objectives: to ensure that PhD candidates are ready for a final oral examination and:

- **The committee has reviewed the thesis** and it is acceptable, in terms of content, quality of writing, and presentation. **The thesis is ready for presentation at a formal oral examination.**
- **The committee has tested the student's presentation and oral defense of work and the student is ready to defend the thesis at a formal oral examination.**
- **The committee has tested the student's general and specific knowledge related to research, the student has completed appropriate graduate courses for degree completion, and minimum degree requirements have been met. The student's basic scientific knowledge has been appropriately tested and is acceptable for thesis defense**

Name of Student:

Thesis Title:

Strongly Disagree Neither Agree nor Disagree Strongly Agree

PAC Recommendation

Committee is unanimous in recommending waiver of Departmental Oral Examination

Thesis has been reviewed and approved by PAC

PAC Reports

PAC reports show consistently good progress

PAC meetings have been held regularly

General principles, fundamentals or basic science component of research program (i.e. cell biology, molecular biology, clinical trial design, critical appraisal of the literature etc.) have been reviewed and highly rated

Knowledge relevant to the specific area of research, as well as general knowledge relating to the clinical and research aspects of the chosen field of study have been highly rated

Student's overall competence in the techniques specific to the research project (in a laboratory, or in experimental design or data analysis and population studies) have been highly rated

Presentations and Abstracts

2-3 peer-reviewed publications have arisen from this work, or are under review

Publications arising from work are in prominent journals in the field

The student displays a high level of productivity

PhD Departmental Oral Waiver Request and Checklist (cont'd)

Strongly
Disagree

Neither
Agree nor
Disagree

Strongly
Agree

Presentation Skills

The student has presented at local meetings and conferences

The student has presented at national/international meetings and conferences

Presentations are of overall excellent quality

Questions are answered in an appropriate, concise and articulate manner

Grades

Courses were appropriate to research program

Program Advisory Committee does not recommend additional courses

Grades were consistently excellent

Research involves issues of conflict of interest, confidentiality, or intellectual property:

Yes No

Final PAC included an external member:

Yes No

Additional comments? Please attach a separate sheet.

Supervisor Signature

Printed Name

Date

PAC Member signature

Printed Name

Date

PAC Member signature

Printed Name

Date

PAC Member signature

Printed Name

Date

Member External to PAC signature

Printed Name

Date

Return completed form + publication status of manuscripts arising from thesis to:

Thesis and Examination Officer
Institute of Medical Science
Medical Sciences Building, room 2369
1 King's College Circle
University of Toronto
Toronto, ON M5S 1A8

For Office use only:

- Waiver request approved
 Waiver request NOT approved

Graduate Coordinator Signature

Date