



PhD Departmental Oral Examination Nomination Form

PLEASE NOTE: The full examination package must be submitted to the IMS office a minimum of six (6) working weeks prior to the defense date.

Student Full Name: _____ UofT Student #: _____
 Student Phone #: _____ UofT Email: _____
 Examination Date: _____ Start Time (2.5-3 hours): _____
 Thesis Title _____

NB: All examiners must have agreed to their willingness and availability to serve in the proscribed roles listed below. It is understood by the student, supervisor(s), PAC members and examiners that the day and time on this form is final (subject to IMS approval) and has been agreed upon by all parties in advance.

Examination Committee Composition (All members listed on this form must be verified for eligibility before submission to the IMS Office). Refer to the IMS website for full details.

Examiner	Full Name	UofT Academic Dept & Division <i>(Department of Surgery, Division of Neurosurgery)</i>	SGS Graduate Unit <i>(IMS, Medical Biophysics)</i>	Primary Contacts <i>(both are required)</i>
Voting Members				
Supervisor				Phone:
				Email:
<i>Supervisor Administrative Contact (Name & Email Address):</i>				
Co-supervisor (votes together w/Supervisor)				Phone:
				Email:
<i>Co-supervisor Administrative Contact (Name & Email Address):</i>				
PAC Member #1				Phone:
				Email:
<i>PAC Member #1 Administrative Contact (Name & Email Address):</i>				
PAC Member #2				Phone:
				Email:
<i>PAC Member #2 Administrative Contact (Name & Email Address):</i>				

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Examiner	Full Name	UofT Academic Dept & Division* <i>(Department of Surgery, Division of Neurosurgery)</i>	SGS Graduate Unit <i>(IMS, Medical Biophysics)</i>	Primary Contacts (both are required)
Examiner				Phone:
				Email:
<i>Examiner Administrative Contact (Name & Email Address):</i>				
Examiner/ Appraiser				Phone:
				Email:
<i>Examiner/Appraiser Administrative Contact (Name & Email Address):</i>				
Non-Voting Members				
PAC Member #3				Phone:
				Email:
<i>PAC Member #3 Administrative Contact (Name & Email Address):</i>				
PAC Member #4				Phone:
				Email:
<i>PAC Member #4 Administrative Contact (Name & Email Address):</i>				

*For examiners external to the University of Toronto please indicate their Academic Position, Department and Institution (e.g. Associate Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University)

Examination Chairs are provided by the IMS and do not need to be listed on this form.

The information provided on this form is used to create the official examination record. Please ensure the form is completed in its entirety, and the information provided is accurate (i.e. no typos, appropriate use of upper and lower case letters, etc.)

It is the student and supervisor's responsibility to confirm that all contact information on this form is correct. The IMS will not be held responsible for any incorrect contact information that delays or jeopardizes the exam.

Due to COVID-19 protocols exams are being held remotely using a variety of modalities (Zoom, Microsoft Teams, WebEx, etc). The IMS Zoom account is available on a first-come, first-served basis.

Requesting Zoom booking through IMS

Will make own arrangements with Supervisor(s)

Student's Signature

Date

Supervisor's Signature

Date

Co-supervisor's Signature

Date