



# PHD SENATE / FINAL ORAL DEFENCE REQUEST FORM

- Please read the information on the PhD Senate/Final Oral Defence in the EXS Handbook.
- Complete this form and submit it to the ~~OUA~~ Graduate Office at least **eight** weeks before the prospective Final PhD Oral Defence ~~date~~.
- Please email the Final Thesis (approved by committee) and abstract in pdf format to Zarine Ahmed, [zarine.ahmed@utoronto.ca](mailto:zarine.ahmed@utoronto.ca)

STUDENT NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

THESIS TITLE: \_\_\_\_\_  
\_\_\_\_\_

*Please note that defences will only take place between 9:00 AM and 4:30 PM at SGS*

DATE & TIME: \_\_\_\_\_ EQUIPMENT: \_\_\_\_\_  
(ie. TELECONFERENCE PHONE, etc.)

**SUPERVISORY COMMITTEE MEMBERS:**

**EMAIL ADDRESSES:**

SUPERVISOR: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

NON-VOTING MEMBER: \_\_\_\_\_  
(if applicable)

**EXTERNAL EXAMINER:**

EXAMINER NAME: \_\_\_\_\_ UNIVERSITY: \_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ATTENDANCE:  IN PERSON     VIA TELECONFERENCE

INTERNAL APPRAISER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_