Committee for the Final Oral Examination

Please complete and submit this form to the Graduate Coordinator at least **four weeks** prior to the examination date.

Student: _____________________________________

Student number: ______________________

Telephone: _______________________

Email: ________________________ (UTORmail only)

Program Enrolled in:  
  MMSt ____  MI ____

Thesis Title:

________________________________________________________________
___________________________________________________________________

Dates Preferred for Examination: ___________    ___________    ____________

Equipment Required:

EXAMINATION COMMITTEE

1. Supervisor: ________________________________

2. Second Reader: ______________________________

   Mailing address: ________________________________

   Email: _______________________________ Fax: ___________________________

   Telephone: ________________________________

3. External examiner: ________________________________

   Mailing address: ________________________________

   Email: _______________________________ Fax: ___________________________

   Telephone: ________________________________

The **external examiner** will normally be external to the Faculty of Information, e.g., a faculty member from another department at the University of Toronto, a qualified senior practitioner, or an individual holding an appointment at a local academic or research institution. This individual must be arms-length from the candidate and the thesis project, and must be a recognized expert in the field. *The Supervisor hereby certifies that the proposed examiner has an arm's-length relationship both with the candidate and the thesis project.*
By signing, dating and submitting this form to the Graduate Coordinator, it will be understood that you, the supervisor, have read and approved the student’s thesis for defense and distribution to the Committee Members.

_______________________________________   ____________________
Signature of Supervisor                   Date

4. Chair:  _____________________________

____________________________
(Chair will be assigned by the Graduate Coordinator)

Committee for the Final Oral Examination approved:

__________________________________________           __________________
Signature of Graduate Coordinator, Faculty of Information              Date