



# Graduate Department of Public Health Sciences University of Toronto



## M.Sc. Oral Defence Membership Form

**Please submit 6 weeks in advance of the defence date to:**

**Graduate 7\Uf#Co-ordinator**  
 Room 620, Health Sciences Building  
 University of Toronto M5T 3M7  
 Tel: 416.978.2058 Fax: 416.978.1883  
 Email: dlsph.grad@utoronto.ca

Date (dd/mm/yy): \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Degrees/University: \_\_\_\_\_

\_\_\_\_\_

Phone/Email: \_\_\_\_\_

Thesis Title: (*please print*)

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\_\_\_\_\_

Has the entire thesis committee read the thesis, and agreed it is ready for defence?    **YES**     **NO**

Has the candidate completed the Course/examination requirements?    **YES**     **NO**

When will a draft of the thesis be ready for distribution? (dd/mm/yy) \_\_\_\_\_

**Date and Time:** \_\_\_\_\_

- Note: Defence deadlines
- a. To avoid 1<sup>st</sup> term fees, approx. September 10
  - b. To avoid 2<sup>nd</sup> term fees, approx. January 10
  - c. For June convocation, approx. April 10.

### Thesis Committee

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

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Member: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Member: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Member: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Recommended Reviewer

*Before finalizing choice of reviewer please discuss with the Graduate Co-ordinator*

- Recommended external reviewer must have an “*arms length*” relationship to both the student and the thesis project.

### External Reviewer:

Name: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Program Director:** \_\_\_\_\_

*(or Designate)*

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**For Office use only**

Equipment: \_\_\_\_\_

Chair: \_\_\_\_\_  
(Appointed by the Graduate Department)

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

Location: \_\_\_\_\_