





This form must be submitted to the Graduate Administrator a MINIMUM of 8 weeks prior to the examination date. If the External Appraiser has been pre-approved, candidates can allow 7, rather than 8 weeks. For exams booked between Jan – Feb, please allow 10 weeks notice, to account for the holiday closure.

The FOE is governed by the School of Graduate Studies. Please consult the SGS Calendar for more information (https://sgs.calendar.utoronto.ca/general-regulations)

Student's Final Thesis:	Enclosed:	Sent:	Will Send:			
External Examiner's CV:	Enclosed:	Sent:	Will Send:			
Section 1: Student Info	rmation					
Student Name: Student Number:		Program:	Program:			
Student Phone Number:			U of T Email:	U of T Email:		
Thesis Title:						
Note: Provide the full, correct,	final title. This will be the t	title that will show on	the student transcript; if t	he title changes,	it must also be char	nged on ACORN.
Section 2: Exam Inform	ation					
Examination Date:			Time: 10 a.m.	2 p.m.	Other:	
Section 3: Committee I	nformation					

Examiner	Name	Dept. or University	Phone	Email	Method of Attendance
Primary Supervisor Supervisory Member #1					
Supervisory Member #2					
Supervisory Member #3					
External Examiner / Appraiser			PLEASE SEE	NEXT PAGE	
Internal- External Examiner					
Alternate Internal- External					
Non-Voting Member (if applicable)					

**QUORUM:** Minimum 4 voting members, Maximum 6 voting members.

1-3 Supervisory Committee Members plus Minimum 2 arm's length examiners (one external to UofT and the Supervisory Committee (External Appraiser), and one internal to UofT and external to the Supervisory Committee). See SGS regulations for more information.

<sup>\*</sup>Maximum of 2 telephone/video participants.

## **EXTERNAL APPRAISER/EXAMINER INFORMATION:**

The external appraiser must be at arm's length from both the Candidate and the supervisor(s). Normally, this will exclude anyone who: has served as PhD Supervisor / Supervisee of the Candidate or the Supervisor; or has, in the past six years, been a Departmental colleague of the Candidate or the Supervisor, or has collaborated on a research project, scholarly work or publication, with either of them.

Pre-Approved by Graduate Coordinator/Program Director?	☐ YES NO				
Name:	Phone Number:				
Email Address:	University:				
Mailing Address:					
Area of Specialization:					
External Examiner's Participation:					
Will attend the examination IN PE	Will attend the examination IN PERSON and will vote				
Will participate via videoconference and will vote					
Will NOT attend in person or remotely and will <b>NOT</b> vote					
SUPERVISORY COMMITTEE CONFIRMATION:					
Submission of the FOE Booking Sheet serves as co have read the thesis and determined that it is ready	onfirmation that all members of the Supervisory Committee to go forward for final oral examination.				
	out the approval of the graduate unit; under such circumstances, the ce-Dean will make arrangements for the examination in consultation				
Primary Supervisor signature: S	Secondary supervisor signature (if applicable):				
Graduate Coordinator/ Program Director approval:	Date:				