

This Form MUST be submitted to the Office of the Registrar and Student Services (ORSS) a minimum of 8 weeks prior to the FOE* (10 required for exams booked between Jan – Feb to account for the holiday closure)**

The FOE is governed by the School of Graduate Studies. Please consult the SGS Calendar and/or Guidelines for more information (<http://www.sgs.utoronto.ca/Assets/SGS+Digital+Assets/governance/policies/FOE+Guideline.pdf>)

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|--|-----------------------------|
| Enclosed or Forwarded: <input type="checkbox"/> External Examiner's CV | Candidate's Thesis Abstract |
| This is a (choose one): | Home Department: |

Section 1: Student Information

| | |
|-----------------------|-----------------|
| Student Name: | Student Number: |
| Student Phone Number: | U of T Email: |

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|---|
| Thesis Title: Ensure that the title here is exactly the same as the title entered on ROSI: |
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Section 2: Exam Information

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|--------------------------|--|
| Examination Date: | Time: <input type="checkbox"/> 10:00 a.m. <input type="checkbox"/> 2:00 p.m. |
|--------------------------|--|

Section 3: Committee Information

| Examiner | Name | Dept. or University | Phone | Email | Method of Attendance |
|-----------------------------------|------|---------------------|-----------------------------|-------|----------------------|
| 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; Minimum 2 arm's length examiners; 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 Departmental Chair or Designate? | <input type="checkbox"/> YES | NO |
| Name: | Phone Number: | |
| Email Address: | University: | |
| Business Mailing Address: | | |
| Area of Specialization: | | |
| External Examiner's Participation: | | |
| Will attend the examination IN PERSON and will vote | | |
| Will participate via teleconference and will vote | | |
| Will participate via videoconference and will vote*** | | |
| Will NOT attend in person or remotely and will NOT vote | | |
| *** Please note that OISE supports ZOOM video conferencing only. Videoconferencing participants must have access to videoconferencing facilities at their home institution. | | |

SUPERVISORY COMMITTEE CONFIRMATION:

Submission of the FOE Form serves as confirmation that all members of the Supervisory Committee have read the thesis and determined that it is ready to go forward for final oral examination.

In rare cases, the Candidate may insist on an examination without the approval of the graduate unit; under such circumstances, the Candidate should contact the Vice-Dean, Programs and the Vice-Dean will make arrangements for the examination in consultation with the Graduate Coordinator of the relevant graduate unit.

CHAIR'S SIGNATURE: _____

DATE: _____