



**Final Oral Examination**

(Form D3)

Student Name (in full): \_\_\_\_\_ Student Number: \_\_\_\_\_

Thesis Title (in full, to appear on student transcript so please print clearly):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, the doctoral supervisory committee agrees that the thesis has been approved and the student is ready to proceed with the final oral examination. The form should be completed and submitted to [clinicalpsych.utsc@utoronto.ca](mailto:clinicalpsych.utsc@utoronto.ca) a **minimum of 9 weeks prior** to the requested date.

Supervisor Name	Signature	Date
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Co-Supervisor Name	Signature	Date
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Supervisory Committee Member Name	Signature	Date
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Supervisory Committee Member Name	Signature	Date
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**Exam Details**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location (campus and room): \_\_\_\_\_

Equipment Required (circle): conference phone / projector / laptop / Skype

***\*It is the responsibility of the student and supervisor to ensure all committee members are available on the requested date and time.***

**Examination Committee**

Details regarding the requirements and composition of the examination committee can be found on the [School of Graduate Studies website](#) (see section 9.3 Doctoral Final Oral Examination). The GD-PCS FOE Guidelines should also be reviewed prior to completing this form and specific attention should be paid to the criteria for external appraisers (see Proposing External Appraisers). Also, note that the examination committee must include at least four, but no more than six, voting members. **Five voting members is recommended.** At least two voting members will not have been closely involved in the supervision of the thesis (this includes the external appraiser). As well, only **three** members of a

student's supervisory committee can serve as voting members on the FOE. A quorum for the final examination is four voting members, two of whom must not have been closely involved in the thesis, plus the examination committee chair, who has no vote.

	Name	Email	Phone
Supervisor			
Co-Supervisor (if applicable)			
Member – Supervisory Committee			
Member – Supervisory Committee			
Member – External to Supervisory Committee			
Member – External to the University			
Non-voting Member (optional)			
Non-voting Member (optional)			

Along with this form, please also submit an **electronic copy of the abstract (350 words)**. SGS' formatting requirements can be found at: <https://www.sgs.utoronto.ca/current-students/program-completion/formatting/>

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Co-Supervisor (if applicable)

\_\_\_\_\_  
Signature of Graduate Chair

\_\_\_\_\_  
Date