

# Rehabilitation Sciences Institute PhD THESIS DEFENSE NOMINATION FORM

Student Name: \_\_\_\_\_ UofT Student #: \_\_\_\_\_

Examination Date: \_\_\_\_\_ Start Time (min. 3 hours): \_\_\_\_\_

Thesis Title: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Student Phone #: \_\_\_\_\_ Student Email: \_\_\_\_\_

## EXAMINATION COMMITTEE Composition Voting Members (Maximum of 6)

Examiner	Name & SGS Appointment	Mailing Address	Contact
Supervisor	Name: Dept:		Phone: Fax: Email:
Supervisory Committee Member # 1	Name: Dept:		Phone: Fax: Email:
Supervisory Committee Member # 2	Name: Dept:		Phone: Fax: Email:
External Examiner	Name: Dept:		Phone: Fax: Email:
Additional Examiner (Non-Supervisory Committee member)	Name: Dept:		Phone: Fax: Email:
Non-Supervisory Committee member	Name: Dept:		Phone: Fax: Email:
<b>Non- Voting Members</b>			
Non-voting member	Name: Dept:		Phone: Fax: Email:
Non-voting member	Name: Dept:		Phone: Fax: Email:

- Examination Chairs are provided by SGS
- Non-voting members at the defense must be requested in writing to the RSI Office at the time of booking the examination. The Associate Dean of SGS must approve the attendance of any non-voting members.

### Audio –Visual Requirements (check off all required items)

- Overhead Projector
- Lap-top Computer
- Slide Projector

- Speakerphone (for External Examiner only) - The External examiner must agree to participate for the entire defense and vote.
- VCR & Monitor