PLEASE SCHEDULE THE ORAL TO BEGIN EITHER AT OR AFTER 10:00 A.M. AND AT OR BEFORE 2:00 P.M. PLEASE DO NOT SEND THE THESIS TO THE EXTERNAL EXAMINER/APPRAISER UNTIL ADVISED TO DO SO BY THIS OFFICE.



THE EDWARD S. ROGERS SR. DEPARTMENT OF

ELECTRICAL AND COMPUTER ENGINEERING

Ph.D. Thesis Final SGS Oral Examination Information

AMIA								
Name of Candidate:								
E-Mail Address:		STU	JDENT #:					
TELEPHONE #:	Номе)	OF	FICE)					
DAY, DATE & TIME OF ORAL:								
THESIS TITLE:								
Will the exam be Remote/In-Pers	on/Hybrid:							
EXAMINATION COMMITTEE:	FIVE VOTING MEMBERS A	RE REQUIRED: max	timum number is six, including					
the External Examiner.	TIVE VOTINO MEMBERS A	RE REQUIRED, IIIa	amum number is six, melaumg					
A) List below up to three members	pers of the supervising committee in	•						
		Name	<u>Department</u>					
RESEARCH SUPERVISOR 1								
RESEARCH SUPERVISOR 2								
MEMBER, SUPERVISING COM								
MEMBER, SUPERVISING COM	MMITTEE:							
R) List helow one to three ex	xaminers who have not been clo	salv involvad in the sur	pervision of the thesis					
· · · · · · · · · · · · · · · · · · ·	Name	scry involved in the sup	Department					
1)			•					
2)								
3)								
·								
			ys before the examination date. Therefore,					
in fairness to the External Examiner/Appraiser, the supervisor must ensure that the thesis reaches him/her at least 8 weeks prior to the examination date. The supervisor must ascertain in advance the willingness of the person named to judge the thesis and its defence								
			real logical land is defence all land is defen					
judgment about its acceptability. Normally all voting members from the University of Toronto must be members of the Graduate Faculty. By signing this form, the supervisor(s) confirms (i) that the student and the supervisor(s) have had an arms-length relationship								
with the External Examiners/Appraiser; normally this will exclude anyone who, in the past six years, has been a departmental colleague								
of the candidate or supervisor(s), has stood in a student-teacher relation with either of them, or has collaborated on a research project with either of them (ii) that the student has been instructed not to communicate with the External Examiner/Appraiser, (iii) the thesis has								
			ernal Examiner/Appraiser, (III) the thesis has y committee if not listed on the form. The					
			otification to do so from the ECE Graduate					
			e sent to the supervisor(s) and a copy of the					
e-mail will be sent to the studen	nt only for information. It is the resp	onsibility of the superviso	r to forward the final version of the thesis to					
			upervisor must confirm in writing that the					
	y, recommended by the Departmer Graduate Office. Kindly check the f		mmittee have been implemented <u>BEFORE</u>					
Submitting this form to the LCL	Oraduate Office. Kindly Check the I	ollowing.						
[] No corrections/Me	odifications recommended by the D	epartmental Oral Examin	ation Committee.					
[] Corrections/Modi	fications recommended by the Den	artmental Examination Co	mmittee have been					
 Corrections/Modifications recommended by the Departmental Examination Committee have been implemented. See attached letter. 								

PLEASE TURN OVER AND COMPLETE PAGE TWO OF THIS FORM.

Please note that an External Examiner writes an appraisal and attends the examination. An External Appraiser writes an appraisal but does NOT attend the examination.

Attach a brief justification, on a separate sheet, indicating the suitability as an Examiner/Appraiser of the person listed below to judge the thesis. This statement must be written by the Research Supervisor(s), and will be forwarded to the Dean, SGS, for approval. The justification must be accompanied by the CV of the Examiner/Appraiser. The External Examiner/Appraiser must hold the rank of at least Associate Professor or equivalent.

EXTERNAL EXAMINER []			EXTERNAL APPRAISER []						
FIRST NAME:		In	NITIALS:		SURNAMI	E:			
Position:				Institut	ION:				
Mailing Addre	ESS:								
E-MAIL ADDRES	iS:								
Tel# Business	S:								
Fax#:									
PLEASE <u>ATTACH</u> A COPY OF THE ABSTRACT. THE NAME OF THE STUDENT AND THE THESIS TITLE MUST APPEAR ON THE ABSTRACT.									
[] I have contacted all the member of the Committee listed above, and have obtained their willingness and availability to serve on the above thesis committee.									
Signature(s) of the Research Supervisor(s)			Sign	Signature of Student			Date:		

REV FEBRUARY 7, 2007