



DEPARTMENTAL DEFENCE

Date

Student Name

Student Number

Thesis Title

Committee Members

Proceed to FOE

Signature

Type Name & Select role

YES

NO

To assist with planning please provide potential dates/availability of committee for the Final Oral Examination (if applicable):

DEPARTMENTAL DEFENCE COMMENTS

Reasons for not scheduling the Final Oral Examination at this time (if applicable):

Summary of recommendation for Student:

Student Declaration:

I understand the committee's decision and have reviewed their recommendations.

Student Signature

Return completed form to Liz Pulickeel at dpes-phd-prgrams.uts@utoronto.ca