



MSc Oral Examination Chair's Summary Form

To be filled out by all Exam Chair (Designated Examiner) only

Student Name: _____

Exam Date: _____

MSc Exam Quorum (indicated by asterisks) will be: The Exam Chair (Designated Examiner), the Supervisor, at least one Supervisory Committee member (other than the Supervisor), and the Arm's-Length Examiner.

Exam Committee Members		Acceptability of Thesis				Acceptability of Defence	
Role	Name	AS	EC	MR	No	Yes	No
Exam Chair*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Supervisor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sup. Committee Member*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sup. Committee Member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sup. Committee Member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm's-Length Examiner*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A failure is defined as two or more examiners giving a negative (unacceptable/No) vote on the thesis and/or defence. In the case of a failure, the committee must recommend Option 2 or 3.

Exam Committee Recommendation:

Option 1 That the thesis be accepted:

- as it stands (**AS**), to be submitted within **one week** of the examination date.
- subject to editorial corrections (**EC**)—typographical, grammatical, and syntactical—to be submitted within **one month**. The supervisor must email the department (graduate.coordinator@utoronto.ca) to confirm approval of the corrections.
- subject to minor revisions (**MR**) to be submitted within **three months**. A subcommittee (usually the supervisor and one comm. member) must email the department with approval.

Option 2

- The student may stage a second defence **within three months** of this exam.

Option 3

- The student must withdraw from the program.

PhD Readmission & Qualification Exam

If students have expressed an interest in applying to our PhD program and included a reclass proposal-like Future Directions thesis chapter (as outlined in the Handbook), the recommendations from each exam committee member (recorded on their ballots) will be considered by the Admissions Committee.

If the student intends to stay in the same lab AND defends the project that they intend to work on, the committee should decide whether the student has **demonstrated** that they are sufficiently knowledgeable that a qualification exam would be redundant if they are admitted to OUR PhD program.

- The student has demonstrated sufficient knowledge to waive the qualifying exam.
- The student has NOT demonstrated sufficient knowledge to waive the qualifying exam.
- N/A – the student is not requesting or recommended for the PhD program or is changing lab/project.

The Exam Chair must summarize the committee's recommendation and reasoning about whether the qual exam should be waived in the box on the following page or in an email to the Graduate Coordinator.

Name

Signature

Date

TEMERTY FACULTY OF MEDICINE

Medical Sciences Building, 1 King's College Circle, Room 4396, Toronto ON M5S 1A8 Canada

Fax: +1 416 978-6885 • <http://www.moleculargenetics.utoronto.ca/>



Rationale for Recommendation on Waiver of Qualification Exam (if applicable)