

## Recommendation for Oral Examination Doctoral Dissertation

Student information		
Surname	Given name(s)	
Student number	E-mail	
Program	Degree & level of study	Current status
Title of dissertation		

The Supervisory Committee	
The Supervisory Committee has read the above student's dissertation and agrees that the version read is ready to proceed to oral defense. E-mail confirmation can be attached, in lieu of physical signatures.	
Supervisor name	Signature
Member name	Signature
Member name	Signature

Oral exam date, time and place		
The following is the recommended date, time, place and examining committee. All members have agreed to serve, once approved by the Dean. Please review FGS guidelines on examining committee for doctoral exams, available at: <a href="http://gradstudies.yorku.ca/current-students/thesis-dissertation/oral-examination/">gradstudies.yorku.ca/current-students/thesis-dissertation/oral-examination/</a>		
Note: student is responsible for arranging presentation equipment, if required.		
Date (mm/dd/yyyy)	Time	Building & room

**PLEASE TURN TO PAGE TWO**

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### Oral Exam Committee Membership

A dissertation examining committee shall consist of at least five voting members, including the Chair, as follows:

- a. The Dean of the Faculty of Graduate Studies or her/his representative, who will be at arm's length from the supervision of the dissertation, and who will serve as Chair of the examining committee;
- b. One external examiner, from outside York University, at arm's length from the dissertation, recommended by the program director;
- c. one graduate faculty member at arm's length from the dissertation, and normally from outside the program, recommended by the program director;
- d. two graduate faculty members from the supervisory committee, or one member from the supervisory committee and one graduate faculty member from the program.

These are minimum requirements with respect to the composition of and quorum for dissertation examining committees. Individual graduate programs may include one additional voting member on examining committees, in accordance with program requirements and procedures.

\* If the Chair is also the Internal Member or Member 3, please list in both sections.

FGS Use	Committee member name	Graduate program	E-mail
<input type="checkbox"/>	Dean's Rep/Chair*		
<input type="checkbox"/>	External examiner		
<input type="checkbox"/>	Internal (at arm's length from dissertation)		
<input type="checkbox"/>	Member 4		
<input type="checkbox"/>	Member 5		
<input type="checkbox"/>	Member 6 (if applicable)		

### Approvals

Graduate program director name	Signature	Date (mm/dd/yyyy)
FGS associate dean name	Signature	Date (mm/dd/yyyy)