

[] []

**Department of Civil Engineering
University of Toronto
Ph.D. Departmental Oral Examination**

CONFIDENTIAL

Name of Candidate: _____ Student ID: _____

Thesis Title: _____

Date/Time of Examination: _____ Location: _____

Examining Committee: _____ (Supervisor)

_____ (Chair)

Result: Proceed to SGS Oral Examination (see comments below):

☐ **Yes** (Examination Committee Nomination Form and Certificate of Completion enclosed)

☐ **No**

Comments:

Dated: _____

Signed: _____

Chair

Examiners