MD/PhD Program
University of Toronto
PhD Completion Report

Student Name: ______________________
Graduate Supervisor: ________________
Graduate Department: ___________________________
Program Advisory Committee (PAC) Members: ______________________

Thesis Title:___________________________________________________________________________
_____________________________________________________________________________________

_____ The supervisor and all PAC members have indicated their approval for the student to write the PhD thesis
_____ A complete draft of the thesis has been submitted to the supervisor
_____ Barring unforeseen circumstances, the supervisor agrees that it is likely that the student will have successfully defended the thesis by (month)______ (year)__________, and will therefore be ready to re-enter the undergraduate medicine program as of (month)______ (year)__________. *

__________________________________________  ___________________________________________  ___________________________________________
Student                      Supervisor                      Graduate Coordinator
Date: ______________________   Date: ______________________   Date: ______________________

*It is understood that thesis defense is likely to occur after the student returns to the undergraduate medical curriculum

Return completed form to the MD-PhD office