

**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
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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**