

**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 is therefore ready to re-enter the
undergraduate medicine program as of November 1, 20__ *

_____ 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