

**University of Toronto  
Department of Computer Science**

**PH.D. CHECKPOINTS**

**PROCEDURES FOR THE STUDENT**

1. Organize the meeting **2-3 weeks** prior to the proposed date: confirm availability of committee members; coordinate a date and time.
2. Book a room for the meeting (normally a departmental seminar room):  
<https://dcsweb.cs.toronto.edu/calendar.php>
3. Ask one of the committee members (cannot be your Supervisor / Co-Supervisor) to agree to Chair the meeting.
4. Submit form: "Scheduling PhD Checkpoints", to the Graduate Office.
5. Distribute copies of the relevant report document to all committee members at least 2-3 weeks prior to the meeting.
6. If your supervisory committee has changed from what you originally submitted, please include a Composition of PhD Supervisory Committee form

**For the Departmental Oral Thesis Examination:**

This exam must be organized and the thesis distributed to committee members at least **4 weeks** prior to the proposed date: confirm availability of committee members, coordinate a date and time.

AND, follow **steps 2 to 4** above.

**University of Toronto**  
**Department of Computer Science**  
**SCHEDULING PHD CHECKPOINTS**

**Submit the completed form to the Graduate Office at least two (2) weeks prior to the proposed meeting date.**

**CHECK ONE:**

- |   |  |
|---|--|
| <input type="checkbox"/> RESEARCH PAPER                       | <input type="checkbox"/> QUALIFYING ORAL |
| <input type="checkbox"/> RESEARCH PROPOSAL                    | <input type="checkbox"/> THESIS PROPOSAL |
| <input type="checkbox"/> DEPARTMENTAL ORAL THESIS EXAMINATION |  |

STUDENT'S NAME: \_\_\_\_\_

STUDENT #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**COMMITTEE MEMBERS:** \_\_\_\_\_ **Email Addresses:** \_\_\_\_\_

Supervisor: \_\_\_\_\_

Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location (room #):** \_\_\_\_\_

**Title of Thesis:** \_\_\_\_\_

I have notified all committee members listed above with regards to this meeting and they have confirmed that they will attend.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

To be completed by Graduate Program Assistant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

- |  |  |
|--|--|
| PREP STUDENT FILE <input type="checkbox"/>   | ENTERED into DCSIS <input type="checkbox"/>      |
| SENT CHAIR FORMS <input type="checkbox"/>    | EM'D DEPT'L EXAM NOTICE <input type="checkbox"/> |
| EMAIL DOCS TO CMTEE <input type="checkbox"/> | COMMITTEE FEEDBACK <input type="checkbox"/>      |