



Institute for the History & Philosophy  
of Science & Technology  
UNIVERSITY OF TORONTO

**The office of the Director of Graduate Studies  
Specialist Exam Form**

*As of July 1, 2017, this form replaces the old form to document the specialist exam.*

NAME & STUDENT #: \_\_\_\_\_

*The designated supervisor is the chair of the specialist exam. As such s/he is requested to submit a written report about the specialist exam. The report is due one week after the meeting. The report should:*

1. **State** that all members of the specialist examination committee were present as it was approved by the office of the DGS.
2. **State** the date, time, and duration of the specialist exam.
3. **Explicitly state** whether or not the student passed the specialist exam.
4. **Reproduce the reading list and indicate which readings** where subject to examination.
5. **Outline** the examination structure. Who examined the student when and for how long and in what form?
6. **If the student passed:** briefly summarize the discussion among the examiners as to why the student ought to pass.
7. **If the student passed:** confirm that the student was advised about the next steps in the program, i.e. establishment of a supervisory committee and the thesis proposal in order to achieve candidacy.
8. **If student did not pass:** in addition to the brief summary of the discussion among the examiners as to why the student ought not to pass, please outline a recommendation as to whether or not the student should be terminated in the program.

Graduate students will receive a copy of the report and have the opportunity to respond to the report. Both report and response will be kept in the student's file.

***Exam Chair, please see other side!***

---

**EXAM CHAIR, PLEASE CHECK & HAVE ALL EXAMINERS SIGN**

The **STUDENT PASSED THE SEPCIALIST EXAM** \_\_\_\_\_

The **STUDENT DID NOT PASS THE SPECIALIST EXAM** \_\_\_\_\_

CHAIR  
NAME & SIGNATURE \_\_\_\_\_

(SECOND EXAMINER)  
NAME & SIGNATURE \_\_\_\_\_

(THIRD EXAMINER)  
NAME & SIGNATURE \_\_\_\_\_



Institute for the History & Philosophy  
of Science & Technology  
UNIVERSITY OF TORONTO

**EXAM CHAIR, PLEASE CHECK**

REPORT IS ATTACHED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (PRINT NAME)

\_\_\_\_\_  
DATE

**Office Use Only**

The REPORT WAS SENT TO The STUDENT \_\_\_\_\_

The DEADLINE FOR THE STUNDENT RESPONSE WAS SET \_\_\_\_\_

\_\_\_\_\_  
Date

***Response is due one week after student receives report.***

STUDENT RESPONSE WAS RECEIVED \_\_\_\_\_

STUDENT RESPONSE WAS NOT RECEIVED \_\_\_\_\_

STUDENT RESPONSE WAS RECEIVED LATE ON \_\_\_\_\_

\_\_\_\_\_  
Date

DGS INVOLVEMENT REQUIRED? \_\_\_YES \_\_\_NO

*DGS involvement is required when student fails the specialist exam and/or when there is substantial disagreement between specialist exam committee and student response.*

***THE DATE SET FOR A DGS MEETING WITH CHAIR OF SPECILAIST EXAM AND STUDENT IN COMPLIANCE WITH SGS POLICIES IS:***

\_\_\_\_\_

DGS REPORT ATTACHED \_\_\_\_\_YES

DATE WHEN DOCUMENTS WERE FILED: \_\_\_\_\_

INITIALS OF PERSON FILING THE DOCUMENTS: \_\_\_\_\_

\*\*\*\*\*