



This form must be completed using the fillable PDF function, signed by the Supervisor and forwarded to the GCTS Office along with a copy of the Thesis Prospectus. A copy of the signed form should also be sent to the student and the Registrar of the student's college of registration.

**Section 1 – Student Information (to be completed by the STUDENT or SUPERVISOR)**

|                          |             |                 |
|--------------------------|-------------|-----------------|
| Last Name:               | First Name: | Student Number: |
| College of Registration: |             | UofT email:     |

**Section 2 – Thesis Prospectus Information (to be completed by the SUPERVISOR)**

|  |  |                                    |
|--|--|------------------------------------|
| Title of Thesis Prospectus:  |  |                                    |
| Doctoral Supervisory Committee. Please see §C4.3 of the Conjoint Degree Handbook; please indicate clearly if one of the members is a co-supervisor. Please also note that all members must have GCTS status. |  |                                    |
| <b>Supervisor</b>  |  |                                    |
| <b>Member</b>  |  |                                    |
| <b>Member</b>  |  |                                    |
| Does the research proposal involve research with human subjects?   | <input type="checkbox"/> <b>YES</b> - Prior to commencing research, the student will require approval from the UofT Research Ethics Board (REB). REB applications are submitted through the TST. | <input type="checkbox"/> <b>NO</b> |

|   |                                     |  |
|---|-------------------------------------|--|
| Please see §C7 Thesis Prospectus of the Graduate Conjoint Degree Handbook.    |                                     |  |
| Has the student fulfilled all course requirements with a minimum CGPA of 3.7? | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b>   |
| Has the student fulfilled all language requirements?                          | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> - I confirm that a waiver has been granted by the GCTS, and that all language requirements will be fulfilled by the following date: _____ |

**Section 3 – Approval of Thesis Prospectus (to be completed by the SUPERVISOR)**

|  |       |
|--|-------|
| The Thesis Prospectus has been <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>NOT APPROVED*</b> by the Doctoral Supervisory Committee.<br>*If "NOT APPROVED", a revised prospectus will be submitted within 3 months, no later than: _____ |       |
| Supervisor Signature:  | Date: |
| The <b>SUPERVISOR</b> is responsible for the distribution of this form <b>and a copy of the Thesis Prospectus</b> to the following:<br><input type="checkbox"/> GCTS Office <input type="checkbox"/> Student <input type="checkbox"/> College Registrar          |       |

Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government.

Your Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.