



This form is to be completed by the **SUPERVISOR** using the fillable PDF function and returned to the GCTS Office.

## Section 1 – Student Information

Student's Last Name:	Student's First Name:	Student Number:
College of Registration:		Student's UofT email address:

## Section 2 – Program Requirements

Have all program language requirements been completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO*
*If NO, please stipulate when language requirements will be completed: _____		

## Section 3 – Supervisory Committee Information

Please indicate clearly if one of the members is a co-supervisor:	
Supervisor:	_____
Member:	_____
Member:	_____

## Section 4 – General Examination Information

Determine areas, examiners and projected dates for the General Examination. The three parts of the exam should be completed within **one** month. See §C8 of the Conjoint Graduate Degree Handbook – Degree Regulations.

A. Specialization Exam Topic:	
Examiners (at least two):	Projected Date:
1. _____ 2. _____	
B. Cognate Area Exam Topic:	
Examiner(s):	Projected Date:
1. _____ 2. _____	
C. Oral Area Exam Projected Date:	
Supervisor's Signature:	Date:

## Section 5 – Approval

Please Indicate: <b>Approved / Declined</b>	TST GCTS Signature:	Date:
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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.

<b>Office Use:</b> <input type="checkbox"/> College Registrar <input type="checkbox"/> Student
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