



**Section 1** of this form should be completed by the student in advance of the Thesis Proposal Committee meeting. It must be completed using the fillable PDF function. **Section 2** is then completed by the Thesis Supervisor. The student completes **Section 3**. The final signed copy must be forwarded by the student to [dmin.office@utoronto.ca](mailto:dmin.office@utoronto.ca) by May 1 of each year. Note that in the case of a discrepancy between the explanatory notes below and the regulations in the current [DMin Handbook](#), the regulations in the Handbook will prevail.

**SECTION 1 – Student Information**

Last Name:		First Name:	Student Number:
College of Registration:	Year of Admission:	Sessions on Approved Leaves of Absence:	

**Dates of meetings with committee since last report (please list all):**

**Thesis Proposal Committee Members**

*The Thesis Proposal Committee (thesis supervisor and one additional graduate faculty member) guides the student from the Thesis Proposal stage until the end of the program.*

Please confirm the members of the Thesis Proposal Committee (please see §D4.3 of the DMin Handbook (a co-supervisor should be clearly indicated):

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

Committee Member: \_\_\_\_\_  
*(indicate if co-supervisor)*

Has the committee changed since the last report? Please provide details:

GCTS initial

**Thesis Proposal**

The thesis proposal is normally completed within three months of the completion of the Comprehensive Examination, and by the end of the third year.

Has the thesis proposal been completed and approved?     YES     NO

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If NO, please indicate

a) the portion of the proposal already completed: \_\_\_\_\_

b) the expected dates of **Completion** \_\_\_\_\_ and **Approval** \_\_\_\_\_

GCTS initial



**Research Ethics Board Approval**

Does the project require research ethics board approval? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, has approval been received and submitted to the DMin office? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If approval HAS NOT been received, please indicate the date the REB protocol is expected to be submitted to the UofT Research Ethics Board: _____	
GCTS initial	

**Thesis Writing**

Provisional thesis title:		
What percentage (approximately) of the work is complete? What work has been done in the last twelve months?		
<b>Submission History</b> (last twelve months)		
<i>Work submitted to committee (e.g. "Chapter 1")</i>	<i>Date submitted</i>	<i>Date feedback received</i>
What work remains to be done and what part of this work will be completed in the next twelve months? (Please be as detailed as possible.)		
Anticipated submission date of completed thesis for Final Oral Examination: _____		
GCTS initial		



**Professional Development**

Please indicate any professional development activities over the past twelve months in relation to the practice of ministry (e.g., training, conference presentations or workshops, etc.)

**SECTION 2 – Committee Assessment of Progress**

Please comment on the student’s progress. Include reference to the time-frame in §D1.3. If the student has encountered challenges in progressing through the program, indicate any recommendations or changes that are required before the next annual report is submitted. **Please include advice for next steps.** (A separate sheet may be appended.)

Would the committee like to meet with a GCTS representative to discuss the student’s progress?    YES    NO

**Committee Signatures**

We attest that the above information is correct, and has been reviewed and approved by all members of the committee.

Thesis Supervisor:	Date:
Committee Member (please indicate clearly if co-supervisor):	Date:



**SECTION 3 – Student Comments**

Please offer any comments on Sections 1 or 2 above (a separate sheet may be appended):

Would you like to meet with a GCTS representative to discuss your program/progress?     YES     NO

**Student Signature**

I attest to the accuracy of the information in Section 1, and have read and understood the comments in Section 2.

Student:	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	<input type="checkbox"/> DMin Office
GCTS:	Date:		