

DMIN COMPREHENSIVE REGISTRATION

Sections 1 and 2 of this form must be completed by the DMin Student using the fillable PDF function. Print, sign, scan and send the completed form to the DMin office.

| Section 1 – To be completed by the STUDI | ENT |
|--|-------------------------------------|
| Name | Student Number |
| College | Session (e.g., 2019-5) |
| U of T email | DMIN Comprehensive Code TSM5023HF/S |
| Section 2 – To be completed by the STUDI | ENT |
| Expected Title of Comprehensive: | |
| Description of Comprehensive (in two or three se | ntences): |
| | |
| | |
| Student's Signature: | Date: |
| Section 3 – To be completed by the DOCT | OR OF MINISTRY DIRECTOR |
| Comprehensive Examining Committee | |
| College Faculty Advisor | |
| Faculty Member | |
| DMIN Director's Signature: | Date: |
| | <u>,</u> |
| Office Use | ollege 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 the 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.