



Sections 1-4 should be completed by the **DMin Student** using the fillable PDF function. Once the signature of the Thesis Supervisor is obtained the completed form should be scanned and sent to the DMin Office.

## Section 1 – Student Information

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

## Section 2 – Program Requirements

Have you completed your Comprehensive Examination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO*
*If <b>NO</b> , please stipulate when your Comprehensive Examination will be completed: _____ (MMM-YYYY)		

## Section 3 – Committee Information

Only TST faculty should be listed. Committee members must have GCTS status.

Please indicate clearly if the members is a co-supervisor:	
Thesis Supervisor:	_____
Faculty Member:	_____

## Section 4 – Thesis Information

For information relating to the composition, time to completion and evaluation regulations of the DMin Thesis Proposal please see §4.8 and §4.9 of the DMin Handbook.

Topic of the Thesis Proposal (in one or two sentences):          
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## Section 5 – Thesis Supervisor’s Declaration

I have reviewed Sections 2-4 above and confirm that the information is correct.
Thesis Supervisor’s Signature: _____ Date: _____

## Section 6 – Approval

Please Indicate: <b>Approved / Declined</b>	DMin Director 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 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.

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