



## ANNUAL REPORT FORM CONJOINT PHD STUDENTS (POST-GENERAL EXAMS)

**Section 1** of this form should be completed, by the student, in advance of the Supervisory Committee meeting. It must be completed using the fillable PDF function. **Section 2** is then completed by the Committee. Finally, the student completes **Section 3**. The final signed copy must be forwarded to the to [gcts.office@utoronto.ca](mailto:gcts.office@utoronto.ca) by June 1 of each year. Note that in the case of a discrepancy between the explanatory notes below and the regulations in the current [Conjoint Degree 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):

#### Supervisory Committee Members

Please confirm the members of the Doctoral Supervisory Committee (please see §C4.3 of the Graduate Conjoint Degree Handbook; a co-supervisor should be clearly indicated):

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

Member: \_\_\_\_\_

Member: \_\_\_\_\_

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 General Examinations, and by the end of the third year.

Has the thesis proposal been completed and approved?    ☐ YES    ☐ NO

If NO, please indicate

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

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

GCTS initial



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**Ethics Approval**

Does the project require ethics approval? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, has approval been received and submitted to the GCTS Office? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If approval HAS NOT been received, please indicate the date the ethics proposal is expected to be submitted to the UofT 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. (e.g. teaching, conferences, training, publications)

### SECTION 2 – Committee Assessment of Progress

Please comment on the student's progress. Include reference to the time-frame in §C1.3. 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 also comment on the student's professional development, and include advice for next steps.** (A separate sheet may be appended.)

If the committee like to meet with a GCTS representative to discuss the student's progress please email [GCTS.Office@utoronto.ca](mailto:GCTS.Office@utoronto.ca)

### Committee Signatures

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

Supervisor:	Date:
Co-supervisor:	Date:



### SECTION 3 – Student Comments

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

If you would like to meet with a GCTS representative to discuss your program/progress please email [GCTS.Office@utoronto.ca](mailto:GCTS.Office@utoronto.ca)

### 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:

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.

**Office Use:**

☐ College Registrar

☐ Student

☐ GCTS Office

GCTS:

Date: