



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

## Section 1 – Student Information

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

## Section 2 – Program Requirements

Has the Thesis Prospectus and Thesis Prospectus Approval Form been submitted to the GCTS?	YES	NO*
*If NO, please submit the Prospectus and Approval Form to the GCTS and College Registrar before completing this form.		

## Section 3 – Supervisory Committee Information

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

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 four weeks. See §C8 of the Graduate Conjoint Degree Handbook.

<b>A. Specialization Exam Topic:</b>		
Requested Date: _____	Exam Type: (choose one)	Examiners (at least two – normally set by supervisor and another committee member): 1. _____ 2. _____

<b>B. Cognate Area Exam Topic:</b>		
Requested Date: _____	Exam Type: (choose one)	Examiner(s) (normally set by a third committee member): 1. _____ (2. _____)

<b>C. Oral Examination</b>		
Requested Date: _____		

Supervisor's Signature:	Date:
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## Section 5 – GCTS Approval

Please indicate: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	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 <input type="checkbox"/> Date entered on ROSI: _____
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