

This form must be signed by the Supervisor and forwarded to the GCTS Office **along with a copy of the approved Thesis Proposal**.

Section 1 – To be completed by the STUDENT or SUPERVISOR

Last Name:				First Name:	Student Number:	
College:					UofT email:	
Program:	n:				Program Area (not applicable to Conjoint PhD):	
	MA	🗌 ThM	🗌 PhD	🗌 ThD	🗌 Biblical 🔲 Historical 🗌 Pastoral 🗌 Theological	

Section 2 – To be completed by the SUPERVISOR

Title of Thesis:								
Thesis Proposal Readers (co-supervisors should be clearly indicated)								
Supervisor								
Member								
Member								
Does the thesis proposal involve research with human subjects?		□ YES (Prior to commencing research, the student will require approval from the UofT Research Ethics Board (REB). REB applications are submitted through the TST.)	□ NO					

Section 3 – APPROVAL of THESIS PROPOSAL, to be completed by the SUPERVISOR

The thesis proposal has been 🛛 APPROVED 🗌 NOT APPROVED**							
**If "Not "Approved," a revised proposal will be re-submitted within three months, no later than:	Date:						
Supervisor Signature:	Date:						
The Supervisor is responsible for the distribution of this form and a copy of the Thesis Proposal to the following:							
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:	Director GCTS Office						