



Section 1 of this form must be completed by the DMin Student using the fillable PDF function. Once the signature of the College Faculty Advisor is obtained (Section 3), scan and send the signed form to gcts.office@utoronto.ca.

Section 1 – To be completed by the STUDENT

| | |
|------------------------|----------------|
| Name | Student Number |
| College | U of T email |
| Title of Comprehensive | |

Section 2 – To be completed by the COLLEGE FACULTY ADVISOR

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|---|--|
| DMin Comprehensive Committee | |
| College Faculty Advisor | |
| Faculty Member | |
| DMin Director | |
| Comments: <i>Please use an additional sheet, if necessary.</i> | |
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Section 3 – APPROVAL OF COMPREHENSIVE, to be completed by the COLLEGE FACULTY ADVISOR

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|--|---|
| Does the student qualify to go on to the thesis proposal stage? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the student have a thesis director with full Graduate status? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide name: |
| Has the comprehensive been approved? | <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED |
| If “Not Approved,” a revised paper will be re-submitted within three months, no later than | Date: |
| College Faculty Advisor’s Signature: | Date: |

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| Office Use <input type="checkbox"/> GCTS Office <input type="checkbox"/> College Registrar <input type="checkbox"/> Student |
| 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. |