

Comprehensive Approval DMin

This form is to be completed by the SUPERVISOR and emailed to gcts.office@utoronto.ca.

SECTION 1 – Student Information

Please use the fillable pdf function

Surname

Given Name

College

Student number

UofT email

SECTION 2 – Examiner Information

Supervisor

Member #1

(Faculty with GCTS status)

Is Member #1 Co-Supervisor?

☐

Yes

☐

No

Member #2

(Faculty with GCTS status or DMin alum)

SECTION 3 – Approval of Comprehensive

Title of Comprehensive

☐

APPROVED - Please check one:

☐

A + (90-100%)

☐

A (85-89%)

☐

A - (80-84%)

} Excellent

☐

B + (77-79%) Good

☐

CONDITIONAL PASS - Please state the conditions:

Date by which the condition(s) is(are) to be satisfied by the student:

☐

FAIL

Supervisor Signature

Supervisor* _____ Date:

Co-Supervisor, if applicable _____ Date:

*Send form to gcts.office@utoronto.ca

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