

General Examinations Final Grade Report PhD

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

SECTION 1 — Student

Please use the fillable pdf function

Surname _____ Given Name _____ Student number _____
College _____ UofT email _____

SECTION 2 — Supervisor

Supervisor _____

Member #1

(Faculty with GCTS status)

Is Member #1 Co-Supervisor? ☐ Yes ☐ No

Member #2

(Faculty with GCTS status)

SECTION 3 — Final Grade

☐ **PASS** - Please check one: ☐ A + (90-100%) ☐ B + (77-79%) Good
☐ A (85-89%) } Excellent
☐ A - (80-84%) }

☐ **CONDITIONAL PASS**
State the condition(s): _____

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

☐ **FAIL**

Supervisor Signature

Supervisor _____ Date: _____

Co-Supervisor, if applicable _____ Date: _____

Supervisor: send signed form to gcts.office@utoronto.ca

Privacy Disclaimer

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.