

Thesis Proposal Approval

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 – Student

Please use the fillable pdf function

(to be filled out by student or supervisor)

Surname _____ Given Name _____ Student Number _____
College _____ Program _____ UofT email _____
ThM only – Program Area: ☐ Biblical ☐ Historical ☐ Pastoral ☐ Theological

SECTION 2 – Supervisor

(to be filled out by supervisor)

Supervisor _____

Member #1 _____

(Faculty with GCTS status)

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

Member #2 _____

(Faculty with GCTS status or, for DMin students only, DMin alum)

Thesis Title _____

Does the project involve research with human subjects? ☐ Yes ☐ No

If **YES**, has REB approval been received? ☐ Yes ☐ No

*Prior to commencing research, approval from the UofT Research Ethics Board (REB) is required.

The thesis proposal has been ☐ Approved ☐ NOT Approved

If **NOT APPROVED**, a revised proposal will be re-submitted within 3 months, no later than: _____

Supervisor:* _____ Date: _____

Co-Supervisor, if applicable _____ Date: _____

***The Supervisor** is responsible for the distribution of this form and a copy of the Thesis Proposal to the GCTS Office, Student, College Registrar

GCTS Office

Reviewed by ADGP; Date: _____

ROSI: _____

Privacy Disclaimer

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