Toronto School of Theology
Graduate Centre for Theological Studies

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 Student number

College UofT email

SECTION 2 — Examiner Information

Supervisor

Member #1 Is Member #1 Co-Supervisor? ◯ Yes ◯ No
(Faculty with GCTS status)

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

updated 2026-09

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