Toronto School of Theology
Graduate Centre for Theological Studies

DMin Comprehensive Registration

This form must be signed by the Supervisor and forwarded to the GCTS Office.

SECTION 1 — Student

Please use the fillable pdf function

(to be filled out by student)

Surname Given Name Student number

College Requested Session UofT email

SECTION 2 — Supervisory Committee

(to be filled out by supervisor)

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 — Comprehensive Information

Information & Procedure - Handbook Section D8

Expected Title of Comprehensive

Description of Comprehensive (in two or three sentences):

SECTION 4 — Approvals

Supervisor Signature _____ Date:
Send signed form to GCTS Office

Co-Supervisor Signature, if applicable _____ Date:

GCTS Office _____ Date:

updated 2026-09

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