Toronto School of Theology
Graduate Centre for Theological Studies

# General Examinations 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 | Is Member #1 Co-Supervisor? ◯ Yes ◯ No

*(Faculty with GCTS status)*

Member #2

*(Faculty with GCTS status)*

## SECTION 3 — Final Grade

◯ **PASS** - Please check one:

- ◯ A + (90-100%)
- ◯ A (85-89%)
- ◯ A - (80-84%)

} Excellent

◯ B + (77-79%) Good

◯ **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*

*updated 2026-09*

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