

**OISE GRADUATE STUDIES  
THESIS SUPERVISION APPROVAL**

Please submit the completed form to the OISE Registrar's Office, Graduate Unit, 4<sup>th</sup> Floor.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Department: \_\_\_\_\_ Degree: \_\_\_\_\_ Program: \_\_\_\_\_

Date of First Registration: \_\_\_\_\_ Terminal Date: \_\_\_\_\_

**A: Supervisory Committee. Please read the following very carefully**

1. M.A. students completing a thesis require the signatures of the supervisor and second reader.
2. Ph.D. and Ed.D. students require the signatures of the supervisor and two regular committee members.

When forming a thesis committee:

- Each member must indicate his/her acceptance to serve on the committee by his/her signature
- If a nominee is not a member of the U of T, School of Graduate Studies, home department approval must be given
- A change in Thesis Supervisor must be accompanied by a rationale
- To indicate a change in Committee Membership: list all current members, but include signatures of new members only. Previous members not listed will be assumed to have withdrawn from the Committee.

Check (x) one and supply information required: ( ) New Committee ( ) Change in Membership

Name	Department	Signature
Supervisor: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____

**B: Title of Thesis**

Check (x) one of the following: ( ) Original Title ( ) Change in Title (attach rationale for change)

Type or print clearly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C: Ethics Review**

If the proposed research involves human subjects, animal subjects, or biohazard materials, the student and supervisor must submit a protocol for research ethics review. For forms and more information regarding research ethics review, see the Ethics Review Office website: <http://www.research.utoronto.ca/ethics/>. The thesis committee must approve the thesis proposal *before* a protocol is submitted for ethics review, and the protocol must be approved by the relevant ethics committee *before* data collection begins.

**D: Departmental Approval**

Course requirements have been completed ( ); have not been completed ( ).  
If not completed, attach letter and rationale if any course requirements have been waived.

I hereby approve the appointment of your Supervisor and/or Supervisory Committee and the title of your Thesis. Your Supervisory Committee will act for the Department in giving formal approval to your proposal, in receiving progress reports from time to time, and in the evaluation of the thesis. It is expected that you will take the initiative in keeping in touch with your Supervisory Committee.

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THESIS PROPOSAL ABSTRACT**

Student Name: \_\_\_\_\_

Department: \_\_\_\_\_

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

Thesis Supervisor: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Brief Statement of Thesis Proposal**

The student's Thesis Committee approved this thesis proposal.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Thesis Supervisor

Distribution: 2 Copies to be returned to the Registrar's Office, Graduate Studies Unit;  
1 copy to be retained by the student