

Thesis Supervision Form

Please return the completed form to the Centre for Medieval Studies.

Section 1: Student Informati	on					
Name:				Student Number:		
Degree:	egree: Program:					
Home Department Date of First Registrat			ion: Terminal Date:			
Section 2: Supervisory Com	mittee					
	the signatures of the		signatures of the supervis pervisor and two supervis			
 Each member must indicate his/her acceptance to serve on the committee by his/her signature If a nominee is not a member of U of T, Centre 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 committee members only. Previous members not listed will be assumed to have withdrawn from the Committee. 						
Check one and supply information required:			New Committee Change in Membe		rship (attach rationale for change)	
Supervisor:			Department:		Signature:	
Co-Supervisor(s):			Department:		Signature:	
Member:			Department:		Signature:	
Member:			Department:		Signature:	
Section 3: Title of Thesis (or Special Field Title)						
Check one: Original Title Change in Title (attach rationale for change)						
Thesis Title or Special Field T	itle:					
Section 5: Department Approval, to be completed by the Director/PhD Coordinator of the Centre for Medieval Studies						
Course Requirements have been completed: Yes No (If not completed, attach explanation on course exemption form)						
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 Centre in giving you 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.						
Director/PhD Coordinator's signa	iture:		Date:			