



Please return the completed form to the Centre for Medieval Studies by November 15th (email gradadm.medieval@utoronto.ca)

Section 1: Student Information

| | | | |
|----------------|------------|-----------------|-------|
| Student Name: | | Student Number: | |
| Academic Year: | Signature: | | Date: |

Section 2: Committe Signatures (Note the second reader must be added no later than March 1st)

| Check one and supply information required: | New Committee | Change in Membership (attach rationale) |
|--|---------------|---|
| Supervisor: | Signature: | Date: |
| Member: | Signature: | Date: |

Section 3: Thesis

| |
|---------------------------------------|
| Thesis Title: |
| Abstract: (500 words max count) |

Section 4: Department Approval, to be completed by the Assoc. Director of the Centre for Medieval Studies

| Document accompanied by a properly formatted bibliography. | Yes | No (If not included, attach explanation) |
|---|-------|--|
| 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. | | |
| Assoc. Director's signature: | _____ | Date: _____ |