



Institute for the History & Philosophy
of Science & Technology
UNIVERSITY OF TORONTO

The office of the Director of Graduate Studies

Thesis Proposal Approval Form

As of August 7, 2017, this form replaces the old form to document the specialist exam.

NAME & STUDENT #: _____

The IHPST Ph.D. Program requirements list as the last requirement to achieve candidacy: "Submit a thesis proposal approved by the student's thesis supervisory committee and the Director of Graduate Studies."

*Supervisory committee and student are given **up to three month** from the date the student passed the specialist exam to agree on a thesis proposal.*

SUPERVISORS, PLEASE CHECK & HAVE ALL MEMBERS OF THE SUPERVISORY COMMITTEE SIGN

The **STUDENT'S THESIS PROPOSAL HAS BEEN ACCEPTED** _____

The **STUDENT'S THESIS PROPOSAL HAS NOT BEEN ACCEPTED** _____

NAME & SIGNATURE _____
(SUPERVISOR)

NAME & SIGNATURE _____
(SECOND SUPERVISORY COMMITTEE MEMBER)

NAME & SIGNATURE _____
(THIRD SUPERVISORY COMMITTEE MEMBER)

SUPERVISOR, PLEASE CHECK & SIGN

THE THESIS PROPOSAL WAS ACCEPTED/NOT ACCEPTED AFTER DISCUSSION WITH THE STUDENT **IN PERSON** & WITH ALL MEMBERS OF THE SUPERVISORY COMMITTEE PRESENT _____

THE THESIS PROPOSAL WAS ACCEPTED/NOT ACCEPTED AFTER DISCUSSION WITH THE STUDENT **BY EMAIL** WITH ALL MEMBERS OF THE SUPERVISORY COMMITTEE INVOLVED _____

BRIEF SUMMARY OF THE DISCUSSION IS ATTACHED & SIGNED BY STUDENT TO INDICATE ACKNOWLEDGMENT _____

STUDENT HAS EXERCISED THE RIGHT TO SUBMIT A STATEMENT WHICH IS ATTACHED _____



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THERE ARE NO CONCERNS
ABOUT STUDENT'S ACADEMIC PERFORMANCE _____

DGS INVOLVEMENT REQUIRED _____

A MEETING SCHEDULE
WAS DEVELOPED & IS ATTACHED _____

A ROADMAP TO SUBMISSION OF DISSERTATION
WAS DEVELOPED & IS ATTACHED _____

SIGNATURE (PRINT NAME) DATE

Office Use Only

DGS APPROVAL OF THIS PROPOSAL _____ **YES** _____ **NO**

SIGNATURE (PRINT NAME) **DATE**

**(A REPORT IS TO BE ATTACHED IF THESIS APPROVAL WAS NOT
APPROVED BY DGS. REPORT OUTLINES THE REASONS)**

IF NOT APPROVED:
REPORT SENT TO SUPERVISORY COMMITTEE & STUDENT _____ **YES** _____ **NO**

STUDENT ACHIEVED CANDIDACY _____ **YES** _____ **NO**

**COPY OF THIS FORM SENT
TO STUDENT AND SUPERVISORY committee** _____

DATE WHEN DOCUMENTS WERE FILED: _____

INITIALS OF PERSON FILING THE DOCUMENTS: _____

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