



**PHD THESIS PROPOSAL APPROVAL FORM**

**Student name:** \_\_\_\_\_

**Student number:** \_\_\_\_\_

**Proposed thesis title:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*PLEASE NOTE: A PDF copy of the thesis proposal should be submitted electronically to [sociology.graduate@utoronto.ca](mailto:sociology.graduate@utoronto.ca)*

**Committee members:**

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

Co-supervisor: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

**Date defended:** \_\_\_\_\_

**Committee signatures denote a successful thesis defence:**

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

Co-supervisor: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_