

PhD Proposed Program of Study

New students must make an appointment with their supervisor to discuss courses, program requirements and options. Changes to this form can be made with the appropriate approvals. **Please submit your completed form to GB105 within your first session.**

Student Name:			Supervisor	Supervisor		
Student Number:			Section:	Section:		
Email Address:			Program Commen	Program Commenced:		
Thesis Title or Topic:						
	COURSE #	COURSE TITLE	SESSION	INSTRUCTOR	REMARKS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Student's Signature:					Date:	
Supervisor's Signature					Date:	
Examination and Degree Committee Approval:					Date:	

Freedom of Information and Protection of Privacy Act: www.rosi.utoronto.ca/fippa.php