**Thesis Approval Form
MSc Program, Division of Biostatistics**

*Section 1: Student Information*

Student Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date of Program (DD-MMM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Form Completion (DD-MMM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 2: Thesis Proposal (limit to one page)*

Background:

Objectives:

Materials and Methods:

Expected Start Date (DD-MMM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Completion Date (i.e. Oral Defense) (DD-MMM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 3a: Agreement of Primary Supervisor*

PRINT Name of **Primary Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be \_\_\_\_\_**Insert Student’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ master’s thesis supervisor and understand the responsibilities involved as descried in the University of Toronto’s School of Graduate Studies [Graduate Supervision Handbook](http://www.sgs.utoronto.ca/Documents/Supervision%2BGuidelines.pdf).

Signature of **Primary Supervisor**:

Date (DD-MMM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 3b: Agreement of Supervisory Committee Members (Up to Three)*

PRINT Name of Faculty Supervisory Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to serve on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ master’s thesis supervisory committee and understand the responsibilities involved as described in the University Of Toronto’s School Of Graduate Studies [Graduate Supervision Handbook](http://www.sgs.utoronto.ca/Documents/Supervision%2BGuidelines.pdf).

Signature of Faculty Supervisory Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: DD-MMM-YYYY \_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT Name of Faculty Supervisory Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to serve on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ master’s thesis supervisory committee and understand the responsibilities involved as described in the University Of Toronto’s School Of Graduate Studies [Graduate Supervision Handbook](http://www.sgs.utoronto.ca/Documents/Supervision%2BGuidelines.pdf).

Signature of Faculty Supervisory Committee Member : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: DD-MMM-YYYY \_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT Name of Faculty Supervisory Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to serve on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ master’s thesis supervisory committee and understand the responsibilities involved as described in the University Of Toronto’s School Of Graduate Studies [Graduate Supervision Handbook](http://www.sgs.utoronto.ca/Documents/Supervision%2BGuidelines.pdf).

Signature of Faculty Supervisory Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: DD-MMM-YYYY \_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 4: Program Director Approval*

Approval Signature (MSc Program Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (DD-MMM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_