

APPROVAL FOR MSW THESIS COMMENCEMENTUniversity of Toronto
Faculty of Social Work

Note: Complete this form as soon as you have identified a supervisor and the Associate Dean of Research has approved your thesis topic and plan. Submit a copy of the completed form to both the Associate Dean of Research and the Faculty Registrar.

Student Information

Student Name: _____ Email: _____

MSW Program Year: FT - I FT - II FT – Extended Date _____
 (Full or Part-time) PT - I PT - II PT – Extended Extended: _____

Advanced Standing: Yes No Collaborative Program: Yes No

If yes, which program? _____

Proposed Thesis Title: _____

MSW Thesis Supervisor

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Associate Dean of Research

Approval by the Associate Dean of Research is necessary to proceed with the proposed Thesis topic and plan.

Associate Dean of Research Name: _____

Associate Dean of Research Signature: _____

Date: _____