

**MSW THESIS COMMITTEE MEMBER FORM**

University of Toronto  
Faculty of Social Work

*Note: Complete this form as soon as you have identified your committee members and return it to the Associate Dean of Research.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_

Collaborative Program: \_\_\_\_\_

**MSW THESIS COMMITTEE MEMBERS**

(Note: If appropriate, indicate which members are cross-appointed to your collaborative program – at least one member)

**Supervisor/Chair:**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Committee Members:**

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Date Thesis Proposal Approved: \_\_\_\_\_

Name of Second Reader: \_\_\_\_\_

Associate Dean of Research Signature: \_\_\_\_\_ Date: \_\_\_\_\_