

**APPROVAL FOR MSW THESIS COMMENCEMENT**University of Toronto  
Faculty of Social Work

*Note: Complete this form as soon as you have identified a supervisor and the MSW Program Director has approved your thesis topic and plan. Submit a copy of the completed form to both the MSW Program Director 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: \_\_\_\_\_

**MSW Program Director**

Approval by the MSW Program Director is necessary to proceed with the proposed Thesis topic and plan.

MSW Program Director Name: \_\_\_\_\_

MSW Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_