

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 too the MSW Program Director

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: _____

MSW Program Director Signature: _____ Date: _____