



School of the Environment
UNIVERSITY OF TORONTO

Commencement of Thesis Committee

Student Information

Last Name:	First Name:
Student Number:	Email:
Thesis Title:	

Supervisor Information

Name:	Signature:	Date:
Name*:	Signature:	Date:

**Note: You only need to indicate one supervisor, unless you have co-supervisors*

Committee Members

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

Additional Comments

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Approval

Student Signature:	Date:
Graduate Associate Director Signature:	Date:
Input on ROSI:	Date: