

MA Thesis Proposal Form (*Form M2*)

To be completed by the MA Supervisory Committee and submitted on or before May 15 of MA Year 1. The Chair of the Committee is responsible for submitting this form to the Graduate Office at **clinical-psych@utsc.utoronto.ca** within 24 hours of the proposal presentation. Section B (if applicable) may be submitted up to one-week post presentation.

Student Full Name: _____

Student Number: _____

Supervisor: _____

Co-supervisor (if applicable): _____

MA Thesis Proposal Date and Location: _____

MA Thesis Re-Proposal Date and Location: _____

Recommendations made by each committee member must be clearly documented below.

In the case of an “Approved pending revisions” recommendation, the committee must decide 1) the timeline for revising the proposal written document and 2) who will be responsible for reviewing and approving the revisions. Completion of Section B below is required.

In the case of a “Requires reformulation” recommendation, the student must submit a new written proposal to the committee and schedule a new presentation. Consultation with all members of the supervisory committee will be required as well as regular ongoing meetings. Completion of Section B below is required.

Name	Responsibility	Recommendation	Signature
	Chair (Supervisor)	<input type="checkbox"/> Approved no revisions <input type="checkbox"/> Approved pending revisions <input type="checkbox"/> Requires reformulation	
	Co-Supervisor (if applicable)	<input type="checkbox"/> Approved no revisions <input type="checkbox"/> Approved pending revisions <input type="checkbox"/> Requires reformulation	
	Committee Member	<input type="checkbox"/> Approved no revisions <input type="checkbox"/> Approved pending revisions <input type="checkbox"/> Requires reformulation	
	Committee Member	<input type="checkbox"/> Approved no revisions <input type="checkbox"/> Approved pending revisions <input type="checkbox"/> Requires reformulation	
	Committee Member	<input type="checkbox"/> Approved no revisions <input type="checkbox"/> Approved pending revisions <input type="checkbox"/> Requires reformulation	

Comments/Recommendation from the Committee on the Written MA Thesis Proposal:

Comments/Recommendations from the Committee on the Oral MA Thesis Proposal:

Student Feedback and Acknowledgement

Comments from the Student:

I confirm that I have read and understood all of the above comments and recommendations. I also understand that the Psychological Clinical Science Graduate Office will provide me with a copy of the completed and signed MA Thesis Proposal form for my records (once it has been received from the Committee Chair).

Student Signature

Date

Section B: To be completed and submitted to GD-PCS within one-week post-presentation date

- The supervisory committee, together with the student, will create an action plan to address proposal revisions and/or a reformulation, by completing the chart below (append additional pages if required).
- If the required revisions are minor, the supervisor(s) may be solely responsible; major revisions may involve the whole committee (or a subset of members).
- It is up to the committee to decide if additional committee meetings and/or a re-attempted proposal presentation is required to monitor the student's progress on implementing the revisions.

Action/Recommendation	Target Date	Individual(s) Involved	Individual(s) responsible for approving