



Steps to acceptance of the proposal are:

1. Advisor approves proposal in writing to the Graduate Office and recommends to the Graduate Coordinator at least six faculty members who will read and evaluate the proposal.
2. Student obtains cover letter from the Graduate Office or from the "Forms" section of the website, copies and circulates the proposal (providing one copy for the Graduate Office). Students may use the Graduate Office photocopy card or may circulate the proposal in pdf format. Students must ensure file was received if sent only by electronic version.
3. Written evaluations must normally be submitted to the Advisor within three weeks of the date of circulation of the proposal. In case of difficulties, a revised schedule may be submitted by the advisor and the student to the Graduate Coordinator for approval.
4. If the proposal is considered acceptable by the readers, the advisor, in consultation with the Graduate Office and student, schedules a Defense of Thesis Proposal to take place no more than one week after evaluations are received.

If the proposal is not acceptable to the readers, a schedule for revision and resubmission should be approved by the Graduate Coordinator.

5. All readers of the proposal will be invited to the Defense of Proposal as voting members. An Examining Committee will consist of no fewer than four (quorum).
6. One member of the Examining Committee, who is not the student's Advisor or Co-Advisor, will be asked by the Graduate Coordinator to Chair the Proposal Defense.
7. The Defense of Proposal begins with a brief statement by the student (no more than 15 minutes). The Examining Committee may then ask questions arising from the proposal to determine whether the student is prepared to undertake the research. At the end of questioning, the members of the Examining Committee vote to pass, conditionally pass, or fail the proposal. The result of the defense and the names of the Thesis Supervisor and Core Committee are recorded on the PhD Proposal Defense Result form, which must be returned to the Graduate Office after the original defense.
8. A conditional pass refers to minor modifications and clarification of textual material or research methods. Modifications must be circulated to the Core Committee by a set deadline no more than 2 months after the defense date. The Supervisor must report the results to the Graduate Office within one month after circulation. The circulation and reporting dates must be set at the original defense, and indicated on the PhD Proposal Defense Result form.
9. If there are two or more votes to fail the proposal, the Defense will be adjourned. The student will have the option to revise the proposal and try again.
10. If at the second attempt, there are two or more votes to fail the proposal, it will be deemed unsatisfactory progress and the student will be required to withdraw.

September 12, 2011 (reproduced from the 2011-12 ANT Graduate Handbook)

A student requesting off-campus registration is required to complete sections 1 & 2. If you are expecting an award payment from the university, you can request a direct deposit of the award cheque into an authorised bank account by visiting <http://www.rosi.utoronto.ca>.

If your request for off-campus registration is approved by your home graduate unit and is out-of-country, you must register with the University of Toronto, Centre for International Experience, [Safety Abroad Database](#).\*

\*Note students researching within Canada do not need to register on the Safety Abroad Database. All students researching within the United States or an international location must register on the Safety Abroad Database.

**Section 1: Student Information (To be completed by the student).**

Name:	Student Number:
Address:	
Degree:	Graduate Unit:
Supervisor's Name:	
UofT Email:	

**Section 2: Information required in support of request (To be completed by the student).**

Name and address of educational institution you are associated with while off-campus:
Purpose of visit:
Name of library and facilities to be used:

Host supervisor contact information:				
Frequency of contact with supervisor:				
Period of absence. From:		To:		
	Month	Year	Month	Year
By signing this form, I understand that if my off-campus registration is approved by my home graduate unit that I must register on the University of Toronto, Centre for International Experience, <a href="#">Safety Abroad Database</a> ,* reference on page one of this form.				
Student's Signature:				Date:

### Section 3: Chair/Director/Graduate Coordinator Approval.

Graduate units who approve out-of-country university activities should review the [Safety Abroad Manual](#).

Off-Campus Registration:	Approved	Denied
Home Chair/Coordinator Signature: (sign and print name)	Date:	

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

09/2011

UNIVERSITY OF TORONTO  
**FIELD RESEARCH SAFETY PLANNING RECORD**

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*Pursuant to the University of Toronto Guidelines for Safety in Field Research, this form is to be completed by the Academic Supervisor and submitted to the Department Chair (or equivalent) prior to departure on field research. Multiple trips to the same site or group of sites can be covered by one form. The form is good for a single academic year and a new form must be completed annually.*

<b>DEPARTMENT:</b>	<b>ACADEMIC SUPERVISOR:</b>
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**LOCATION OF FIELD RESEARCH:**

Country: \_\_\_\_\_

Geographical Site: \_\_\_\_\_

Nearest City: \_\_\_\_\_  
 (name, distance to)

**NATURE OF RESEARCH:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>DATE OF DEPARTURE:</b>	<b>DATE OF RETURN:</b>
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<b>FIELD RESEARCH TEAM</b> <b>Chain of Responsible Leadership</b> (attach separate sheet if necessary)	<b>CATEGORY</b> (check all that apply)			
NAME	Team Leader	Team Member	Other (specify)	Trained First Aider
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**PHYSICAL DEMANDS:**

<input type="checkbox"/> Diving and other Underwater Activities <input type="checkbox"/>	Manual lifting, carrying or handling of heavy loads
<input type="checkbox"/> Climbing	<input type="checkbox"/> _____
<input type="checkbox"/> High Altitude	<input type="checkbox"/> _____
<input type="checkbox"/> Extreme heat	<input type="checkbox"/> _____
<input type="checkbox"/> Extreme cold	<input type="checkbox"/> _____

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**RISK ASSESSMENT:**

List identified risks associated with activities or environment (e.g. extreme heat or cold, wild animals, difficult terrain, poisonous plants or insects, endemic disease, firearms, explosives, chemicals, soil/water microorganisms, violence), and measures for eliminating or reducing risks to acceptable levels. Attach separate sheet if required.

Risk	Control Measures
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

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**TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIREMENTS:**

- |  |                                  |                                       |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria            | <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid      |
| <input type="checkbox"/> Hepatitis A           | <input type="checkbox"/> Polio   | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Hepatitis B           | <input type="checkbox"/> Rabies  | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Japanese encephalitis | <input type="checkbox"/> Rubella | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Malaria               | <input type="checkbox"/> Tetanus | <input type="checkbox"/> _____        |

**EMERGENCY PROCEDURES**

University Contact and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication Method and Check-in Schedule  
with University:

\_\_\_\_\_  
\_\_\_\_\_

Local Contact and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Emergency Services and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_

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**ACKNOWLEDGEMENT OF TEAM MEMBERS:**

- I, the undersigned, acknowledge that I have read the University's Guidelines for Safety in Field Research and in keeping with it,
- (a) I have been fully informed of the risks of this field research and I accept them;
  - (b) I will comply with the established safety procedures;
  - (c) I am in a satisfactory state of health to undertake the research; and
  - (d) I have received all of the prescribed immunizations.

	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

**Signature of Academic Supervisor**

I acknowledge that this safety plan has been prepared in keeping with the requirements of the University of Toronto Guidelines for Safety in Field Research:

<u>Name (please print)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____

**Signature of Department Chair (or equivalent)**

I acknowledge receipt of this document:

<u>Name (please print)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____