Research Paper Submission Form

Nomination of the evaluators and statement of the supervisor

Return this form through the service request application in your uoZone.

Important note to student: You must be enrolled in the current term to submit your research paper

Student Identification			
FIRST NAME	LAST NAME	STUDENT NUMBE	R
NAME OF SUPERVISOR		NAME OF CO-SUPERVISOR (IF APPLICABLE)	
Graduate program:	O BCH O CMM O EPI O	MIC O NSC	
Research Paper Information			
Title of the Research F	Paper		
SUBMISSION DATE (YYYY-MM-DD)		•	
Nomination of the Evaluators (MSc in EPI: Nominate only one evaluator)			
NAME OF THE EVALUATOR		SIGNATURE (EVALUATOR)	DATE (YYYY-MM-DD)
NAME OF THE EVALUATOR		SIGNATURE (EVALUATOR)	DATE (YYYY-MM-DD)
Statement of the Supervisor			
As the research paper supervisor, I confirm that I have seen a draft of the research paper and that the student may submit their paper for evaluation.			
SIGNAT	TURE (SUPERVISOR)	DATE (YYYY-MM-DD)	
SIGNAT	TURE (CO-SUPERVISOR)	DATE (YYYY-MM-DD)	

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