

Please submit this form with your Thesis Proposal by [Service Request](#), under the Research-related category and the Plan of Study type.

NAME OF STUDENT:	STUDENT NO. :	DEGREE SOUGHT: <input type="checkbox"/> MSc <input type="checkbox"/> PhD
TITLE OF THE THESIS:		

**I acknowledge that I have examined and approve the content of the thesis proposal.**

NAME OF SUPERVISOR \_\_\_\_\_ DATE (DD-MM-YY) \_\_\_\_\_ SIGNATURE (CO-SUPERVISOR) \_\_\_\_\_

NAME OF CO-SUPERVISOR \_\_\_\_\_ DATE (DD-MM-YY) \_\_\_\_\_ SIGNATURE (CO-SUPERVISOR) \_\_\_\_\_

**Thesis Advisory Committee Members (TAC) (if applicable):**

NAME OF TAC MEMBER \_\_\_\_\_ DATE (DD-MM-YY) \_\_\_\_\_ SIGNATURE (TAC MEMBER) \_\_\_\_\_

NAME OF TAC MEMBER \_\_\_\_\_ DATE (DD-MM-YY) \_\_\_\_\_ SIGNATURE (TAC MEMBER) \_\_\_\_\_

NAME OF TAC MEMBER \_\_\_\_\_ DATE (DD-MM-YY) \_\_\_\_\_ SIGNATURE (TAC MEMBER) \_\_\_\_\_