

## Graduate and Postdoctoral Studies STATEMENT OF THESIS SUPERVISOR FOR THE THESIS PROPOSAL Epidemiology

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

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)			
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