

Please return this form by a [Service Request](#).

STUDENT IDENTIFICATION

STUDENT NAME _____

STUDENT NUMBER _____

NAME OF SUPERVISOR _____

NAME OF CO-SUPERVISOR (IF APPLICABLE) _____

GRADUATE PROGRAM

- | | | |
|------------------------------|--|--|
| <input type="checkbox"/> MSc | <input type="checkbox"/> BIOCHEMISTRY | <input type="checkbox"/> MICROBIOLOGY AND IMMUNOLOGY |
| <input type="checkbox"/> PhD | <input type="checkbox"/> CELLULAR AND MOLECULAR MEDICINE | <input type="checkbox"/> NEUROSCIENCE |
| | <input type="checkbox"/> EPIDEMIOLOGY | |

TO BE COMPLETED BY THE STUDENT AND/OR THE SUPERVISOR

PLEASE LIST ALL MEMBERS OF THE THESIS ADVISORY COMMITTEE

(MINIMUM OF 2 FOR MSC – MINIMUM OF 3 FOR PHD – MAXIMUM OF 4 MEMBERS)

PRINT NAME _____ PHONE NUMBER _____ E-MAIL _____

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SIGNATURES

SIGNATURE (STUDENT) _____ DATE (YYYY-MM-DD) _____

SIGNATURE (SUPERVISOR) _____ DATE (YYYY-MM-DD) _____ SIGNATURE (CO-SUPERVISOR) _____ DATE (YYYY-MM-DD) _____

SIGNATURE (GRADUATE PROGRAM DIRECTOR) _____ DATE (YYYY-MM-DD) _____