



Graduate and Postdoctoral Studies

STATEMENT OF THESIS SUPERVISOR FOR THE THESIS PROPOSAL

Please submit this form by [Service Request](#) under the Thesis Proposal category.
Note: select the "View All" button to display all the categories

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)