



Graduate and Postdoctoral Studies
**STATEMENT OF THESIS PROPOSAL PUBLIC
FEEDBACK PhD Epidemiology**

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NAME OF STUDENT	STUDENT NO.	DATE OF PROPOSAL APPROVAL BY TAC
TITLE OF THESIS		
DATE OF PUBLIC PRESENTATION OF PROPOSAL	LENGTH OF PRESENTATION	
PRESENTATION VENUE OR ORGANIZATION		
GENERAL FEEDBACK RECEIVED		
CHANGES TO BE MADE TO THE PROJECT AS A RESULT OF FEEDBACK RECEIVED		

I acknowledge that I discussed feedback and changes with my student.

NAME OF SUPERVISOR

DATE (DD-MM-YY)

SIGNATURE (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)