## Confirmation of supervisor and research stream

For students in the M.Sc. in epidemiology program only.

Please submit this form by <u>Service request</u> under the Enrolment/ Change of Option (Course/Thesis/Research Paper) category. Note: select the "View All" button to display all the categories

Student identification					
FIRST NAME		LAST NAME		STUDENT NUMBER	
Supervis	sor Identification				
NAME OF THE SI	JPERVISOR		NAME OF THE CO SUPERVISOR (IF APPLIC)	ABLE)	
Research Stream Confirmation					
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SIGNATURE (ST	JDENT)	DATE (YYYY-MM-DD)			
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MED-SEPH (E) PI	DF 11/2019				