

School of Public Health

M Med (Clin Epi) Dissertation Topic Registration Form

Please complete this form when you have decided on a topic and a supervisor for your dissertation.

CANDIDATE:

| | |
|---|--------|
| Surname | Title: |
| Given Names: | |
| E-mail: | |
| Student Identification Number: | |
| Dissertation Topic: (Please write clearly and in general terms) | |

SUPERVISOR:

| | |
|--------------|--------|
| Surname | Title: |
| Given Names: | |
| E-mail: | |

I agree to supervise this candidate for his/her dissertation topic

_____/_____/_____
Signature of Supervisor Date:

Note: If your supervisor is not a member of the School of Public Health at University of Sydney, please then nominate an associate supervisor within the school.

ASSOCIATE SUPERVISOR: *(if applicable)*

| | |
|--------------|--------|
| Surname | Title: |
| Given Names: | |
| E-mail: | |

I agree to supervise this candidate for his/her dissertation topic

_____/_____/_____
Signature of Associate Supervisor Date:

APPROVED: _____/_____/_____
Professor Jonathan Craig (Director) Date

Registration of a topic and supervisor are not binding. If you wish to change these details, please complete another form. The topic does not have to define the final title of the dissertation, just an indication of the research area.

Please return to: Student Manager, Room 329, Edward Ford Building (A27), University of Sydney.