

Faculty of Health Sciences

MPH Thesis Proposal Confirmation of Acceptability

First Name, Last Name: Student ID #

Date of Thesis Proposal Defence: \_\_\_\_\_

Assessment (Check one):

Satisfactory The Supervisory Committee has read and responded to the Student's thesis proposal and defence. We agree that the student has satisfactorily met the requirements of this committee and should move forward with his/her research leading to an MPH thesis.

Satisfactory with Conditions (attach specific conditions that must be met for a satisfactory assessment) thesisi-311.04 46 S

The Supervisory Committee has reconfirmed

The requirements for the

Supervisor \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee member #2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee member #3: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee member #4: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Freedom of Information and Protection of Privacy The information on this form is collected under the authority of the University Act (RSBC 1996, c. 468) and is needed to update your student record and will be used to document your progress in an academic program. If you have any questions about the collection, use and disclosure of this information please contact the Faculty of Health Sciences, 778-782-4821 or by email to fhs@sfu.ca

