

**UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES**

Ph.D. THESIS PROPOSAL NOTIFICATION FORM

Name: _____ **ID#:** _____ **Dept:** _____

Proposed Thesis Title: _____

Thesis Supervisor (or Co-supervisors): _____

Committee Members: _____

Internal/External Examiner:
(where appropriate) _____

Chair
(where appropriate) _____

Date of Proposal Examination: _____

Time: _____ **Room:** _____

Distribution: Associate Dean, Graduate Officer, Supervisor, Committee members, Student File, Student

Thesis Proposal Notification AHS PhD: Form 3
