

**School of Public Health and Health Systems (SPHHS)  
HLTH 432A Honours Thesis Agreement to Supervise (Form 432A)**

**Student name**

**Student ID number**

---

**Supervisor information** (to be completed by the supervisor)

**Name**

**Email**

**Supervisor category** (please check appropriate category)

Category A: SPHHS Regular, Definite Term or Research Faculty

Category B: SPHHS Adjunct Faculty or Kinesiology/Recreation and Leisure Studies Regular or Research Faculty

Category C: UWaterloo Regular or Research Faculty from outside AHS or Researcher not employed by UWaterloo

**Proposed start term and year**

Fall

Winter

Spring

Year

**Please sign below indicating you agree to supervise the student's thesis.**

**Thesis Supervisor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_