

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

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 _____