

School of Public Health Sciences (SPHS)
HLTH 432B Honours Thesis Agreement to Supervise (Form 432B)

Student name

Student ID number

Supervisor information (to be completed by the supervisor)

Name

Email

Proposed start term and year

Fall

Winter

Spring

Year

Course focus

If your student is planning on using the course towards their Health Research Specialization, and/or as a free elective or Capstone (Public Health student only) towards their major, please select "Not Applicable". If your student is using the course to fulfill a specific cluster requirement for their Health Studies or Public Health degree, please confirm the course will have one of the following specific focuses:

Methods/Application

Health Systems and Policy

Social Behavioural Science

Population Health

BioHealth

Not Applicable

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

Thesis Supervisor Signature _____

Date _____