

Thesis Permission Form

Honours Health Sciences Program



1. Fill and save this form in Adobe Acrobat 2. Refer to the Project/Thesis Timeline for Submission Deadlines

Please note: The file name should be saved in this format: COURSE CODE_LAST NAME_FIRST NAME.pdf (e.g., 4A09_Ritz_Stacey.pdf)

A Student Information

Student Name :

Student Number:

Student Email:

Level : Level III Level IV Other

Program : Core CHS Other

Course :

Do you **exceed** the **18 units** limit, if you enroll in this course? Yes No

B Supervisor Information

Supervisor Name :

Supervisor Title :

Supervisor Faculty : Department :

Supervisor Email :

Additional Supervisor(s) :

If non-McMaster Employee

Supervisor Affiliation :

Supervisor Phone :

Supervisor Address :

C Thesis Information

Thesis Topic Area :

Thesis Location : Thesis Type :

Term : Start Date :

Thesis Outline : *month* *year*

I Student Declaration

By signing this form, I affirm that:

- I have undertaken the mandatory health & safety training as per McMaster policy and will follow any additional health & safety policies required by your supervisor.
- I understand the ethics requirements of the research I will be carrying out and will follow the relevant research ethics policies.
- I will communicate regularly with my supervisor, and promptly advise them if circumstances arise that affect my progress in the research.

Student Signature:

Date:

mm/dd/yyyy

J Supervisor Signature

As the supervisor of this student and thesis, your signature below confirms that:

- You acknowledge having reviewed and approved the content of the thesis coursework
- You agree to undertake the responsibility of supervising the student throughout the specified thesis course.
- You acknowledge that you are responsible for ensuring appropriate ethics approvals are in place (where required), and that the research is carried out in accordance with the relevant health and safety policies at your institution.

Supervisor Signature:

Date:

mm/dd/yyyy

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Note

If clicking the submit button does not automatically open an email with the form attached, please send it as an attachment to:

Step_1_cxpbq69qhu46k8q6@u.box.com

*If significant changes to the thesis description or evaluation scheme become necessary as the thesis unfolds, the **supervisor and student** should discuss any necessary adaptations and **communicate changes** to the Honours Health Sciences Program staff.*

Office Use Only

Forms Review:

*Date of Review
mm/dd/yyyy*

Review Notes

Notice of Collection:

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