**School of Public Health**

**Graduate Studies Board Student Information Sheet**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read the following notes before completing this form:**

* All details set out below must be completed.
* Any forms which are incomplete will be returned to the student.
* Details will form part of the database for the School Graduate Studies Board.
* Completed forms should be returned by email to [schoolofpublichealth@ucc.ie](mailto:schoolofpublichealth@ucc.ie)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name as per student card** |  | | | | | | | | | | | | | | | | | | |
| **Student Number** |  |  |  | |  | |  | |  | | |  | | |  | | |  | |
| **Title of Thesis**  **(please ensure you complete this section even if title is only provisional)** |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |
| **Supervisor(s) Print Name** |  | | | | | | | | | | | | | | | | | | |
| **1** |  | | | | | | | | | | | | | | | | | | |
| **2** |  | | | | | | | | | | | | | | | | | | |
| **3** |  | | | | | | | | | | | | | | | | | | |
| **4** |  | | | | | | | | | | | | | | | | | | |
| **Date of Registration** |  | | | |  | | | | | | |  | | | | | | | |
| **Estimated Submission**  **Date** |  | | | |  | | | | | | |  | | | | | | | |
| **Student email address** |  | | | | | | | | | | | | | | | | | | |
| **Student phone number** | Mobile | | | 0 | 8 |  | |  | |  |  | |  |  | |  |  | |  |

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| --- | --- | --- | --- | --- |
|  | **Signature** | **Date** | | |
| Chair of Graduate Studies Committee |  |  |  |  |
| \*Supervisor |  |  |  |  |
| \*Supervisor |  |  |  |  |

\*Signatures of supervisors based in the School of Public Health will suffice