**School of Public Health**

**Graduate Studies Board Student Information Sheet**

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**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

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

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

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