

SM2 Thesis Proposal Form

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| Student Name: | Degree Entry Year: |
| Area of Interest: | Academic Advisor: |
| Acadmic Advisor Notes: | |
| Faculty Director : | |

Student Signature: Date:

Academic Advisor Signature: Date:

Faculty Director Signature\*: Date:

Once student and academic advisor signatures have been obtained, please submit an electorinc copy of the completed form along with your one-page thesis topic proposal to the SM2 Epidemiology Thesis Canvas Site: <https://canvas.harvard.edu/courses/57215>

\*Leave blank. The faculty director will review and sign proposals after submission.