MASTERS DISSERTATION PROJECT APPLICATION

Family Name __________________________ First Name __________________________

UWA Student Number __________________________

Current course ____________________________________________________________

Proposed Supervisor(s) ____________________________________________________

Title of Proposed Project: _________________________________________________

Brief Description of the Project in your own words: ____________________________________________________________

Prospective primary supervisor: Please indicate if ethics approval (human or animal) is required for the project and if so the anticipated dates of submission and approval:

Supervisor signature __________________________________________ Date ________________

Student signature __________________________________________ Date ________________

submit this form to the School of Anatomy, Physiology and Human Biology Student Office

For further details contact us: enquiries-aphb@uwa.edu.au or 6488 3290

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