

Department of Medicine, Health and Society

Thesis Pre-Proposal Advisor Meeting Form

Student Name:

Advisor Name:

Tentative Project Title:

This form is to indicate that an advisor has met with and discussed the student's 2-page pre-proposal. Feedback may be written or oral at the advisor's discretion, but a meeting is required. Faculty advisors are expected to provide guidance for the preparation and completion of the thesis.

By signing the document below, the advisor and student certify the above requirements have been met.

Advisor's Signature

Date

Student's Signature

Date

Students should upload a copy of the signed form to the Brightspace MA Portal (an email from the advisor can substitute for an official signature. Please attach a copy of the email to the form as a PDF.) An electronic copy of the form will be placed in the student's departmental file.