

COMPLETION FORM

Health Sciences Dunedin-Based Summer Research Scholarships

Send this form back to summer.research.scholarship@otago.ac.nz with your Final Report

Student's ID:

Student's name:

Supervisor's name:

School:

Department:

I wish to confirm that the project entitled:

and funded by

has been undertaken with my supervision over a 10 week period. This has now been completed and I am satisfied with the results. I can confirm that the report has been checked to ensure there is no plagiarism.

The submission of the Final Report and this Completion Form confirms the completion of this research and the end of the financial relationship, as it pertains to this project.

Signature of Supervisor

Signature of Student

Date

As the supervisor I made the following contribution to the report writing (provide brief details):

We agree to be contacted by a Communication Adviser to write a story about this project.

Signature of Supervisor

Signature of Student

Date