**Department of Preventive and Social Medicine**

**Te Tari Hauora Tūmatanui**

**THESIS OR DISSERTATION RESEARCH PROPOSAL COVERSHEET**

Degree enrolling for: by thesis/dissertation

 (*delete one*)

Request RAC undertake a Scientific Peer Review of your research (if the primary supervisor is in the Department of Preventive and Social Medicine); see requirements for [scientific peer review](https://www.otago.ac.nz/dsm-psm/research/peer-review/index.html)

|  |
| --- |
| **Name:**  |
| **Student ID:**  |
| **Student mobile phone number:** |
| **Student email address:**  |
| **Supervisor name/s (and Department & Division of supervisors not based in PSM)** |
| Primary supervisor:  | %: |
| Co-supervisor:  | %:  |
| Co-supervisor: | %: |
| Co-supervisor:  | %:  |
| **Title of Project:**  |

***Supervisors sign the coversheet in support of the student research project and to confirm that:***

*1. They have seen, and are satisfied with, the final submitted RAC proposal, and*

*2. They are confident the student has the required skills to undertake the research*

Signature:

 [Primary supervisor]

Signature(s):

 [Co supervisor(s)]

Signature(s):

 [Co supervisor(s)]

Signature(s):

 [Co supervisor(s)]

Signature:

 [Candidate]

Date proposal submitted:

Proposed date of thesis/dissertation submission: