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 ___________________

Please submit this form to the School of Human Sciences (APHB), Anatomy building

For further details contact us: admin-shs@uwa.edu.au or 6488 3290