



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Doctor of Public Health (DrPH) Program
Approval of DrPH Thesis Proposal

Student's Name:

[Empty text box for Student's Name]

Thesis Topic/Title:

[Empty text box for Thesis Topic/Title]

Proposal Presentation Date, Time & Location:

[Empty text box for Proposal Presentation Date, Time & Location]

I hereby confirm that I have read and approved the thesis proposal of the student named above.

Supervisor/Co-supervisor _____

Print

Signature

Co-supervisor _____

Print

Signature

Committee Member _____

Print

Signature

Committee Member _____

Print

Signature

Program Director _____

Student's Comments:

[Large empty text box for Student's Comments]



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Student: _____

Print

Signature

Date