



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

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

Student's Name:

Thesis Topic/Title:

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:



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Student: _____

Print

Signature

Date

Name of External Assessor: _____

*A copy of the thesis proposal should be included with this document for the student's file.