



uOttawa

Approval of supervisor

MSc Interdisciplinary Health Sciences

This form must be completed by the potential thesis supervisor. **Please return by email at healthsc@uottawa.ca.**

I certify that I have been in communication with the candidate. If the candidate is recommended for admission, I agree to supervise the student.

Name of candidate: _____

Name of thesis supervisor: _____

Signature: _____ Date: _____

Name of thesis co-supervisor (if applicable): _____

Signature: _____ Date: _____