MASTER OF PUBLIC HEALTH PROGRAM
MASTER’S THESIS DEPOSIT FORM

Following the approval of the Master’s Thesis Advisor and the signature of the Specialty Track Advisor, the student is requested to return this signed form with a final hard copy of their Master’s Thesis for deposit to the Program Office.

PART I: STUDENT INFORMATION

Student Name: __________________________________________________________

Specialty Track: __________________________________________________________

Student Mount Sinai Life Number: __________________________________

Master’s Thesis Title: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Master’s Thesis Advisor: __________________________________________________________
(Print Name)

Second Reader: __________________________________________________________
(Print Name)

PART II: APPROVAL FOR DEPOSIT
I certify that the candidate has successfully fulfilled and satisfied the requests made by the Master’s Thesis Advisor and Second Reader and that his/her Master’s Thesis may now be deposited with the Master of Public Health Program.

Thesis Advisor: _____________________________   ____________________   _________
Signature     Print       Date

Student has completed the Master’s Thesis requirement.

Specialty Track Advisor: __________________________    _________________________    ___________
Signature                Print             Date

Program Director: __________________________    _________________________    ___________
Signature                Print                  Date

Updated July 2009