MASTER OF PUBLIC HEALTH PROGRAM
STATEMENT OF SUPPORT FOR MASTER’S THESIS ADVISEMENT

PART I: STUDENT INFORMATION

Student Name: ___________________________________________________________

Specialty Track: __________________________________________________________

Student Mount Sinai Life Number: __________________________________

Master’s Thesis Topic: __________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PART II: STATEMENT OF SUPPORT

The Master’s Thesis Advisor is requested to sign below and return this form to:

Ms. Rose Vallines, Administrative Assistant
CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

I agree to advise and work with the above named student on the development and evaluation of his/her
Master’s Thesis according to the requirements as outlined in the Guide to Completing the Master’s Thesis
(www.mssm.edu/cpm/mph)

Master’s Thesis Advisor (Name, Affiliation, Department, Contact Information):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Master’s Thesis Advisor: __________________________    _________________________    ___________
Signature     Print          Date