



Supervisor Approval Form this form must be completed before enrolment in 30-120pts research

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Name:		_	ID Number:	
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Course) :		Year / Semester:	
EXERSCI EXERSCI EXERSCI	782 or 782A/B 790A/B Researc 792A/B MSc D	Research Project Dissertation [BSc(Hons) in Exercise ch Project in Physiotherapy issertation in Clinical Exercise Physi hesis in Exercise Sciences	-	
Supervisor:				
		escription of the proposed rese their supervisor (200 words r		ter discussion and
Declarat	tion by Stude	ent:		
 I agree to abide by safety guidelines relevant to my project/topic as specified in the Health & Safety Manual. 				
I have discussed the proposed research with my supervisor.				
Signatur	e:		Date:	
Declaration by Supervisor: I have discussed the proposed project with the student named above and agree to provide primary supervision through to submission.				
Signatur	e:		Date:	
Approva	al of project /	topic by Programme Leade	er / HoD	
Signatur	e:		Date:	

Last updated: 20/10/2022