

FMHS Student Centre
Ground Floor, Building 503
85 Park Road, Grafton
Auckland 1023



**MEDICAL AND
HEALTH SCIENCES**

Masters Thesis and Research Portfolio Submission Receipt

Student ID: _____

First Name(s): _____

Surname: _____

Degree: _____

Thesis/Research Portfolio Title:

Department: _____

Supervisor(s): _____

Due Date: ☐ 28th February ☐ 14th July ☐ 30th November

Other (please specify): _____

I confirm that I have submitted a digital copy of my thesis/research portfolio to the Faculty of Medical and Health Sciences Student Centre, and that the digital copy and physical copy of my work are identical: ☐

Signed: _____
(Student)

Date: _____

Signed: _____
(Student Centre Staff)

Date: _____