

MASTER OF SURGERY SURG5007 & SURG5008 DISSERTATION REGISTRATION

Please state below the semester and year in which you are enrolled/intend to enrol in the following Units of Study:

SURG5007 – Dissertation Part A: _____

SURG5008 – Dissertation Part B: _____

Name of Candidate: _____ SID: _____

Email Address: _____

Stream Specialty: _____

Dissertation Title: _____

Supervisor's Name: _____

Supervisor's Email: _____ Phone: _____

Supervisor's Signature: _____

Is Supervisor affiliated with the University of Sydney:

Yes

No

Associate Supervisor's Name (if applicable): _____

Is Associate Supervisor affiliated with the University of Sydney (if applicable):

Yes

No

Candidate Signature: _____ Date: _____