



**SCHOOL OF MEDICAL SCIENCES**

Student Name

SID (if USYD Student)

Project ID

Project Title

Discipline Area of BAS (Hons)

As primary supervisor, I acknowledge that this supervisory arrangement will count towards the limit of two Honours students per year. For Level A auxiliary supervisors, I acknowledge that this supervisory arrangement will count towards the limit of one Honours student per year.

Supervisor

Date

Auxiliary Supervisor

Date

Auxiliary Supervisor 2

Date