



Commencement of Ph.D. Thesis Supervision

DEPARTMENT OF STATISTICS

Student Name: _____

Student Number: _____

Date of First Registration in Ph.D. Program: _____

Expected Date of Completion: _____ (dd/mm/yy)

Research Thesis / Topic : _____

Completed Comprehensive Examinations :

Completed Course Requirements :

Supervisors(s)			
Type	Name	Signature	Date (dd/mm/yy)

Committee Members		
Name	Signature	Date (dd/mm/yy)

Comments by Student / Supervisor(s):

Student Signature: _____ Date: _____

Supervisor(s) Signature: _____ Date: _____

Signature: _____ Date: _____