

UNIVERSITY *of York*
The Department of Health Sciences

MASTERS DISSERTATION 2015/16 STUDENT PROJECT PROPOSAL FORM	
First Name/Surname: [PRINT]	
University email:	
Programme of Study:	
Module Choices:	
Personal Supervisor:	
Proposed Title	
Background	
Aim and Objectives	
Methods	

Any experience you have that is relevant to this proposed project (ie the topic or research method)

Please submit this form via the Information for Dissertations 2015/16 module site on the VLE by **4.30pm on Thursday 5 November 2015**.

Any problems email: dohs-ddc@york.ac.uk