Submission Date: ________________  Thesis Start Date: ________________

**Student Information:**

Student Name: _______________________  Banner ID: B__________________

Signature: ____________________________

Telephone: __________________________  E-Mail Address: _________________

**Eligibility: Do you meet the thesis criteria?** Please tick the end box to indicate a Yes.

| I have completed **all eight core courses offered in the first year** of the program | |
| I do not have **any failures** in any course in the MHI program | |
| I have a **minimum cumulative GPA of 3.7** | |
| I have **discussed my intention to do a thesis** with the Program Director, Health Informatics | |

**Supervisor Information:**

Supervisor: ________________________  Title: _______________________

Faculty: ____________________________

Telephone: _________________________  Fax: _______________________

E-mail Address: _____________________

Signature: __________________________

Co-Supervisor: ________________________  Title: _______________________

Faculty: ____________________________

Telephone: _________________________  Fax: _______________________

E-mail Address: _____________________

Signature: __________________________

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Thesis Information

Working Title of Thesis:

Brief Thesis Proposal