



MOUNT SINAI  
SCHOOL OF  
MEDICINE  
NEW YORK

**MASTER OF PUBLIC HEALTH PROGRAM  
MASTER'S THESIS DEPOSIT FORM**

Following the approval of the Master's Thesis Advisor and the signature of the Specialty Track Advisor, the student is requested to return this signed form with a final hard copy of their Master's Thesis for deposit to the Program Office.

**PART I: STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Specialty Track: \_\_\_\_\_

Student Mount Sinai Life Number: \_\_\_\_\_

Master's Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Master's Thesis Advisor: \_\_\_\_\_  
(Print Name)

Second Reader: \_\_\_\_\_  
(Print Name)

**PART II: APPROVAL FOR DEPOSIT**

I certify that the candidate has successfully fulfilled and satisfied the requests made by the Master's Thesis Advisor and Second Reader and that his/her Master's Thesis may now be deposited with the Master of Public Health Program.

Thesis Advisor: \_\_\_\_\_  
Signature Print Date

**Student has completed the Master's Thesis requirement.**

Specialty Track Advisor: \_\_\_\_\_  
Signature Print Date

Program Director: \_\_\_\_\_  
Signature Print Date