



MOUNT SINAI
SCHOOL OF
MEDICINE
NEW YORK

**MASTER OF PUBLIC HEALTH PROGRAM
STATEMENT OF SUPPORT FOR MASTER'S THESIS ADVISEMENT**

PART I: STUDENT INFORMATION

Student Name: _____

Specialty Track: _____

Student Mount Sinai Life Number: _____

Master's Thesis Topic: _____

PART II: STATEMENT OF SUPPORT

The Master's Thesis Advisor is requested to sign below and return this form to:

Ms. Rose Vallines, Administrative Assistant
CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

I agree to advise and work with the above named student on the development and evaluation of his/her Master's Thesis according to the requirements as outlined in the **Guide to Completing the Master's Thesis** (www.mssm.edu/cpm/mph)

Master's Thesis Advisor (Name, Affiliation, Department, Contact Information):

Master's Thesis Advisor: _____

Signature

Print

Date