

**Finalisation of Thesis Advisor(s) Form**

This form is to be submitted to the CSI Office within six months from the start date of candidature.

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| **(I) Student’s Particulars** | | |
| Name | Student ID | |
| Degree: **Doctor of Philosophy (CSI)**  **(Cancer Biology)** | Academic Year / Semester **AY20 / 20 Sem** **1** | |
| Email | | |
| Project Title | | |
| Proposed start date of supervision (DD/MM/YYYY) | | Proposed end date of supervision (DD/MM/YYYY) |

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| **Proposed Supervisor(s)** | **Name/Title**  **(eg Dr/AProf/Prof)** | **NUS Staff No.** | **Department (NUS)** | **Email** | **Signature** |
| Thesis Advisor\* (PI) |  |  |  |  |  |
| Co-advisor  (if any) |  |  |  |  |  |
| Co-advisor  (if any) |  |  |  |  |  |

\*Thesis advisor has to be a CSI faculty member. Kindly refer to <https://csi.nus.edu.sg/our-research/research-teams/> for the list of CSI supervisors.

**NOTE:**

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Signature of Student Date

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Name & Signature of Thesis Advisor Date

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Name & Signature of Co-Advisor (if any) Date

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| **(II) Approval by Chair of Graduate Academic Committee, CSI**  **Approval by Chair of Graduate Academic Committee, CSI**  **Approval by Chair of Graduate Academic Committee, CSI** |
| Approved Not Approved  Comments (if any):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr Yvonne Tay Date  Chair, Graduate Academic Committee  National University of Singapore  Cancer Science Institute of Singapore |