

**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 ApprovedComments (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr Yvonne Tay Date Chair, Graduate Academic Committee  National University of Singapore Cancer Science Institute of Singapore  |