**Supervisor Form for a Project’s Proposal**

**Student information**

Name: Click or tap here to enter text. Telephone: Click or tap here to enter text.

ID: Click or tap here to enter text.

**Title of Project's proposal**: Click or tap here to enter text.

**Type of project (select one):**

Literature review  Laboratory-epidemiological research

Research proposal  Analytical Epidemiological research

Policy paper

**I hereby confirm that I read the project proposal being submitted by the above mentioned student and I found it appropriate and written according to the guidelines of the School of Public Health:**

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| --- | --- | --- | --- | --- |
| לחץ או הקש כאן להזנת תאריך. |  |  |  | Click or tap here to enter text. |
| Date |  | Signature |  | Supervisor Name |
|  |  |  |  |  |

Supervisor telephone:Click or tap here to enter text. Email: Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| לחץ או הקש כאן להזנת תאריך. |  |  |  | Click or tap here to enter text. |
| Date |  | Signature |  | Supervisor Name |
|  |  |  |  |  |

Supervisor telephone:Click or tap here to enter text. Email: Click or tap here to enter text.

**This signed and complete form will be submitted to the committee directly by the supervisor via email:** [sphprojects@tauex.tau.ac.il](file:///\\medicinefs\MEDICINE\taliher\Desktop\פרויקטים%20יפתח\sphprojects@tauex.tau.ac.il)