**Final Project Title Page**

**Tel Aviv University**

**Faculty of Medical and Health Sciences**

**School of Public Health**

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*Title*

Final Project in the Master’s Program for Disaster Management (M.DM)

**Type of final project**: בחר פריט.

Submitted by **Click or tap here to enter text.**, ID number: **Click or tap here to enter text.**, Telephone number: **Click or tap here to enter text.**

**The supervisor**: Click or tap here to enter text.

I hereby confirm that I read and checked this paper and deem it appropriate and written according to the School of Public Health’s guidelines:

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| Signature |  | Department |  | Name of supervisor(s): |
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Advisor (if relevant): Click or tap here to enter text. From department: Click or tap here to enter text.

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