**Thesis Title Declaration**

**M.Sc. Cognitive & Evolutionary Anthropology**

**M.Sc. & M.Phil. Social Anthropology**

**M.Sc. & M.Phil. Visual, Material and Museum Anthropology**

**M.Sc. & M.Phil. Medical Anthropology**

Name of student:

Name of dissertation supervisor:

Proposed title of thesis:

|  |  |  |
| --- | --- | --- |
| Project description (brief details of dissertation topic; 250 words max.): | | |
| Does the research involve human subjects? | Y | N |
| **If** **yes**, CUREC form submitted |  | |
| Fieldwork and Risk Assessment form submitted |  | |
| *If not applicable, please explain why:* | | |
| University Travel Insurance arranged and paid |  | |
| *If not applicable, or if alternative insurance arrangements have been made, please give details:* | | |

Student’s signature:

Dissertation supervisor’s signature:

Course Convenor’s signature: Date:

(*Medical Anthropology only*)

DGS’s signature: Date: