M. 135/112

**THE UNIVERSITY OF HONG KONG**

**LI KA SHING FACULTY OF MEDICINE**

**THESIS SUBMISSION FORM BY SUPERVISOR OF MD/MS THESIS**

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| Name of Candidate: |  | |
| University No.: |  | |
| Department: |  | |
| Degree Sought: | MD | MS |
| Thesis Title: |  | |
| Name of Supervisor: |  | |
| Declaration: | I have read the thesis and consider the thesis ready for examination. Comments, if any: | |
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| --- | --- | --- | --- | --- |
| Date: |  |  | Signature: |  |
|  |  |  |  | Supervisor |