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 |