

Canadian School of Finance & Management

Dissertation Form

This form will be photocopied. Please type or print on block capitals using a black pen.

Tick boxes ☐ as appropriate

1. PERSONAL DETAILS	
Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify	
Forenames	
Family name	
Date of birth Day Month Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	

3. CONTACT DETAILS	
Correspondence address	Permanent address (if different)
Postcode	Postcode
Country	
E-mail	
Tel No	
Fax No	
Dates when at this address	

3. Please indicate type of study proposal

4. Postgraduate Certificate Project**5. Postgraduate Diploma Dissertation****6. Provisional Outline: (Approximately 200 words to help us allocate a research supervisor)**

Please attach your Research Protocol/Proposal if this has been completed.

Name: _____

Date: _____

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OFFICE USE ONLY

Name of Supervisor: _____

Signature:

Telephone numbers for student contact:

Day Time: _____ ***Evening Time:*** _____

Fax: _____ ***Email:*** _____