



## Guidance agreement form for Master's degree.

Please complete and return this form prior to start of guidance

STUDENT'S DETAILS		
ID number:	Family name:	First name:
SUPERVISOR'S DETAILS		
Family name:	First name:	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/>
Dept. & Faculty _____ <input type="checkbox"/> or Hospital Department _____ <input type="checkbox"/>		
Supervisor's declaration		
I agree to supervise the Master's degree work, titled: <input type="checkbox"/> _____		
I undertake to pay a study grant for a two-year period <input type="checkbox"/>		
My component of the grant payment will be determined in accordance with the decision of the Grants Committee of the Sagol School of Neurosciences <input type="checkbox"/>		
Comments:		
Supervisor's signature: _____ Date: _____		