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**Masters Degree Research Projects (120 point thesis)**

The University of Auckland has a requirement for the approval of the Masters research topic as well as a mid-year review of progress.

The School of Medical Sciences is responsible for the following academic plans:

1Master of Biomedical Science (MBiomedSc) *SMS* *PG director*

Master of Science in Physiology (MSc, Physiology) *HoD Physiology*

Master of Science in Pharmacology (MSc, Pharmacology) *HoD Pharmacology*

1 subject to CUAP approval

To administer this academic requirement the **SMS Masters Advisory Committee (MAC)** has been established with HoD nominated representatives from SMS departments and disciplines:- Anatomy & Medical Imaging, Molecular Medicine and Pathology, Nutrition, Oncology, Pharmacology and Clinical Pharmacology, Physiology and the Auckland Cancer Society Research Centre. Representatives from the Liggins institute, the School of Medicine and the School of Biological Sciences are also members of this committee.

The SMS-MAC will meet at least twice a year to review new project proposals and to assess mid-year progress reports for approval by the relevant academic head.

All Masters research supervisors are required to ensure that (a) an initial outline of the project has been prepared with the student *prior* to the start of the project; and (b) that a mid-year review is completed.

For enrolment semester 1: the deadline for this form is 31st January.

For enrolment semester 2: the deadline for this form is 15th June.

For enrolment 1st Dec: the deadline for this form is 31st October

Forms should be submitted to the SMS group services coordinator [v.moraes@auckland.ac.nz](mailto:v.moraes@auckland.ac.nz)

Head of department/academic director responsibility will continue to include:

* Individual student advice
* Point of contact for dealing with supervisory problems

The examination process is managed through the appropriate Faculty student centre

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**Masters Degree Research Project**

**THESIS PROPOSAL FORM**

**Approval of Research Topics**

Proposals for a Master’s research thesis must be formally considered by the SMS- Masters advisory committee for approval by the relevant Academic Head.

Dates for submission of this form to the MAC are

Semester 1 enrolment: proposal due 31 January

Semester 2 enrolment: proposal due 15 June

December enrolment: proposal due 31 October

* This form should be completed in consultation with your supervisor.
* The proposal is to be signed as indicated at the end of the form.
* Text must be 12 point. Please save the form using your last name then first name followed by the semester and year you enrolled, e.g**. SMITH Jane, S1 2017**. Files can be submitted as a word doc or a pdf.
* The form should be submitted to: Virginia Moraes, Building 505, Level 1, Room 501 102, Desk 5 or email ([v.moraes@auckland.ac.nz](mailto:v.moraes@auckland.ac.nz)) for consideration by the SMS-Masters Advisory Committee *as part of the enrolment procedure*
* The SMS-Masters Advisory Committee will make a recommendation to the appropriate Academic Head & inform the appropriate academic line-manager

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| --- | --- | --- |
| Student: | | |
| Email: | | |
| ID: | Enrolling in: MBiomedSc, MSc (Pharmacology), MSc (Physiology). | |
| Course code: MEDSCI 796 A&B, PHARMACOL 796 A&B, PHYSIOL 796 A&B | Start date: | Full or part time: |
| Principal Supervisor: | | |
| Co-supervisor (if any): | | |
| Primary department (where the work will be conducted): | | |
| Project Title: | | |

Expand these boxes if required

|  |
| --- |
| (A) Project Aim(s) Please provide a brief summary of the hypothesis/ research question to be tested |
| (B) Background Please provide a brief summary of the background to the hypothesis/research question |
| **(C) Research proposal** Please provide:-   * a summary of the proposed study/experimental design. * Indicate the types of methods/techniques planned to undertake this work. * provide a timeline for this work and the thesis preparation |
| **(D) Resources:**  Are any of the following required for this project?  Biological safety committee approval **Yes / No** (delete as appropriate)  Animal ethics committee approval **Yes / No** (delete as appropriate)  Human ethics committee approval **Yes / No** (delete as appropriate)  If any of the above are required please indicate status and/or approval number:  Any other resources required (*e.g. patient recruitment, importation of cells/tissues etc*)and what is their source/availability? |

This project proposal was prepared by

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In consultation with:

**Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECEIVED SMS-masters Advisory Committee**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**