**MASTER OF MEDICINE**

**This is to certify that the Departmental Research Meeting approved of the following MMed research protocol:**

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| **DATE OF MEETING** |  |

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| **DEPARTMENT** |  |
| **STUDENT NUMBER** |  |
| **INITIALS AND SURNAME OF CANDIDATE** |  |
| **NAME OF DEGREE** |  |
| **SUPERVISOR** |  |
| **CO-SUPERVISOR** |  |

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| **TITLE OF THE RESEARCH PROJECT** |
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RESEARCH CHAMPION DATE

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**SUPERVISOR(S) DATE**

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HEAD OF THE DEPARTMENT DATE