**COMPLETION FORM**

**Health Sciences Dunedin Summer Research Scholarships 2024/2025**

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| **Send this form back to** [**summer.research.scholarship@otago.ac.nz**](mailto:summer.research.scholarship@otago.ac.nz) **with your final report by February 20 2025, 5.00pm.** | |
| Student name |  |
| Student ID |  |
| Supervisor name |  |
| School |  |
| Department |  |

As the supervisor, I confirm that the project entitled *[enter project title here]*, and funded by *[enter sponsor here]*, has been undertaken with my supervision over a 10-week period. This has now been completed and I am satisfied with the results. I can confirm that I have read the final report and am confident it was not plagiarised.

As the supervisor, I made the following contribution to the report writing (provide brief details): *[enter details here]*.

The submission of the final report and this completion form confirms the completion of the research and the end of the financial relationship, as it pertains to this project.

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| **Supervisor signature**: |  | **Date** |
|  | | |
| **Student signature**: |  | **Date** |
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