

UNIVERSITY OF SUSSEX
School of Mathematical and Physical Sciences
Department of Physics and Astronomy

MSc DISSERTATIONS IN PHYSICS AND ASTRONOMY

Student's Name: _____

Candidate Number: _____

MSc course: _____

PLEASE LIST 3 DISSERTATION CHOICES IN ORDER OF PREFERENCE
(first choice -> last choice)

Dissertation Supervisor	Dissertation Title / Reference	Tick to confirm you have discussed this project with the supervisor

Student Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:
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12pm ON FRIDAY 27th September 2024