



MPhil to PhD/MD Transfer Report

The Medical School

Name of Candidate:

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Project Title:

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Name of Supervisor:

Name of Co-Supervisor:

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Approval to Submit Transfer Report:

Signature of **Supervisor** indicating that he/she has read and approves the submission of the Transfer Report:

Signed: **Date:**

Statement of Probity

I confirm that I shall abide by the University of Sheffield's regulations on plagiarism and that all written work shall be my own and will not have been PLAGIARISED from other paper-based or electronic sources. Where used, material gathered from other sources will be clearly cited in the text.

Signature: Date:
.....

Name (Print):
.....