**TEL AVIV UNIVERSITY**

**Faculty of Medical & Health Sciences**

**The Dr. Miriam and Sheldon G. Adelson Graduate School of Medicine**

**School of Public Health**

**)Title)**

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A thesis submitted in partial fulfillment of the academic requirements for the Master of Public Health in Health Promotion (MPH) degree in the School of Public Health, Faculty of Medical & Health Sciences, Tel Aviv University

Under the supervision of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Department Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Department Signature

Additional consultation (if relevant):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Department Signature

*Original submission date:*

*Revised thesis submission date:*