TEHRAN UNIVERSITY OF MEDICAL SCIENCES
International Campus

Readiness to Defend Form

Regarding: Defense Session for

Student's Name:	Last Name:
Program:	School/Center:
Student Number:	Level:

We hereby confirm that the above student has held the preliminary defense with the supervisors and advisors. Enclosed we send you the completed ***Preliminary Defense Assessment Form***, along with the supervisor's confirmation of the student's readiness for defense, and a copy of the thesis for the jury.

The defense session will be held on ……..

Thesis Title: ……

Location: ……
Time: ……

Examination Board	Name & Surname	Rank	Workplace	Signature
1st Supervisor				
2nd Supervisor				
1st Advisor				
2nd Advisor				
3rd Advisor				
Internal referee				
Internal referee				
External referee				
External referee				

School's Vice Dean for Educational Affair
Center's Vice Dean for Research Affairs

Department's Head
Center's Head