

Thesis Evaluation Form for Specialty in Dentistry

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| **Student Full Name:** | **Student Number:** |
| **Program:** |  |

Thesis Topic:

**Date & Time of the Meeting:**

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**Mark (article mark not included): …………**

**Article acceptance/publication**

*Comment:*

Names and Signatures of the Evaluation Committee Members:

|  |  |  |
| --- | --- | --- |
| **Examination Board** | **Name & Surname** | **Signature** |
| **1st Supervisor** |  |  |
| **2nd Supervisor** |  |  |
| **1st Advisor** |  |  |
| **2nd Advisor** |  |  |
| **Internal referee** |  |  |
| **Internal referee** |  |  |
| **External referee** |  |  |
| **External referee** |  |  |
| **Representative of IC-TUMS** |  |  |

The candidates in specialty level must have at least one published/accepted article with their name as the **first author** or **corresponding author** prior to their defense.

* + If the article is resulted from the thesis, the maximum mark will be 20,
  + If the article is not resulted from the thesis, the maximum mark will be 19.

**School/Center Vice Dean for Research Affairs**

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**IC-TUMS Vice Dean for Research Affairs**

**School Vice Dean for Educational Affairs**