TEHRAN UNIVERSITY OF MEDICAL SCIENCES
International Campus

Thesis Evaluation Form for Specialty in Dentistry

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

Thesis Topic:

Date & Time of the Meeting:

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

Article acceptance/publication ☐

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.

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		

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

IC-TUMS Vice Dean for Research Affairs