TEHRAN UNIVERSITY OF MEDICAL SCIENCES
International Campus

Thesis Evaluation Form

Student Full Name:	Student Number:
Program:	School/Center:

Level: **MSc** ☐ **MPH** ☐

Thesis Title:

Date & Time of the Meeting:

Mark (article mark not included): …….. **Article acceptance/publication** ☐

Comment:

- **Providing the proof of a submitted article is mandatory for defense.**
- **Two marks allotted for an accepted/published article.**

Names and Signatures of the Committee Members:

Examination Board	Name & Surname	Signature
1st Supervisor		
2nd Supervisor		
1st Advisor		
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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

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