



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:

❖ Two marks allotted for an accepted/published article.

Names and Signatures of the Committee Members:

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