



### 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**

Comment:

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.

**Names and Signatures of the Evaluation Committee Members:**

Examination Board	Name & Surname	Signature
1 <sup>st</sup> Supervisor		
2 <sup>nd</sup> Supervisor		
1 <sup>st</sup> Advisor		
2 <sup>nd</sup> Advisor		
Referee		
Referee		
Referee		
Referee		
Representative of IC-TUMS		

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

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IC-TUMS Vice Dean for Research Affairs