



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:

❖ 1.5 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		
Referee		
Referee		
Referee		
Referee		
Representative of IC-TUMS		