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:

- **1.5 marks allotted for an accepted/published article.**

Names and Signatures of the Committee Members:

Examination Board	Name & Surname	Rank	Signature
1st Supervisor			
2nd Supervisor			
1st Advisor			
2nd Advisor			
Examiner			
Examiner			
Examiner			
Examiner			
Representative of IC-TUMS			

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

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