TEHRAN UNIVERSITY OF MEDICAL SCIENCES
International Campus

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	Rank	Signature
1st Supervisor			
2nd Supervisor			
1st Advisor			
2nd Advisor			
Examiner			
Examiner			
Examiner			
Examiner			
Representative of IC-TUMS			

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

IC-TUMS Vice Dean for Research Affairs