

Thesis Evaluation Form for Specialty in Dentistry

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| --- | --- |
| **Full Name:** | **Program:** |
| **Level:** | **School:** |

Thesis Topic:

Date of the Meeting: Time:

**Mark**: ……………… **Article acceptance/publication** 

*Comment:*

Names and Signatures of the Evaluation Committee Members:

* 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.

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| * **Supervisors:**
 |  | **Name** | **Signature** |
|  | 1- |   |   |
|  | 2- |   |   |
| * **Advisors:**
 | 1- |   |   |
|  | 2- |   |   |
| * **Other Judges**:
 | 1- |   |   |
|  | 2- |   |   |
|  | 3- |   |   |
|  | 4- |   |   |

School Vice Dean for Research Affairs / IC-TUMS Vice Dean for School Vice Dean for Educational Affairs Research Affairs