



Thesis Evaluation Form for Specialty in Dentistry

Full Name:	Program:
Level:	School:

Thesis Topic:

Date of the Meeting:

Time:

Mark: 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:

• **Supervisors:**

Name

Signature

1- _____

2- _____

• **Advisors:**

1- _____

2- _____

• **Other Judges:**

1- _____

2- _____

3- _____

4- _____

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

IC-TUMS Vice Dean for
Research Affairs