**To: IC- School of Medicine, Department of Education**

 Mr. /Ms..................................................MD / MBBS with student number: ............................ and passport number: ................................... day: .............................. date: ………………….....

hereby acknowledge that I am informed and aware of the university policy regarding the requirements to take Final Exit Assessment Exam. The following regulations apply to me:

1. “Students who can be graduate within two months of the academic semester’s commencement are eligible to participate in the Final Exit Assessment exam. \*\*\*Successfully passing all theoretical, practical, laboratory, and hospital ward assessments and achieve a minimum overall grade point average (GPA) of 12 / 20 in basic sciences and pathophysiology, and a minimum overall GPA of 14 / 20 during the clerkship phase are needed to be graduate.
2. \*\*\*However, if a student’s studies extend beyond the specified time period for any reason, their exam will be canceled, and they will be required to take the next scheduled exam.
3. Additionally, following the Final Exit Assessment, students participate in the Clinical Competency Exam, which follows similar rules to the Final Exit Assessment. If a student’s studies continue beyond the designated timeframe, their clinical competency exam will also be canceled, necessitating participation in the subsequent exam announced by the faculty.
4. Furthermore, students may work on their thesis until the end of the academic semester. If the only remaining requirement for a student is the thesis, they have the opportunity to defend it before the semester concludes.
5. For MBBS students, the thesis is optional. If a student chooses to take it, they must register their proposal and adhere to ethical code. The defense of the student’s proposal occurs six months after registration, following approval from the relevant group."

\*The Entrance Card has been received. The Instructions were also carefully read

Phone Number:

Student’s Signature / Date

تعهد نامه جهت شرکت در آزمون پایان دوره

**اداره محترم آموزش دانشکده پزشکی پردیس بین الملل**

احتراماً، اینجانب ................................................................................. به شماره دانشجویی ................................................. و شماره پاسپورت .................................... در روز .......................... مورخ .......................... جهت دریافت کارت ورود به جلسه آزمون پیش کارورزی به اداره آموزش دانشکده پزشکی پردیس بین الملل مراجعه کردم. تمام شرایط با دقت خوانده شد. متعهد می‌شوم چنانچه واجد شرایط اتمام تحصیل بعد از دو ماه از شروع نیمسال تحصیلی نباشم، بر طبق قوانین آموزشی و پژوهشی آزمون من کان لم یکن(کنسل) تلقی خواهد شد و لازم است پس از کسب تمامی شرایط، مجدد در آزمون پایان دوره شرکت کنم.

کارت ورود به جلسه دریافت شد. دستورالعمل نیز با دقت مطالعه شد.

امضا دانشجو/ تاریخ