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

I, Mr. /Ms..................................................MD / MBBS with student number: ............................ and passport number: ................................... on the day: .............................. date: ………….....

hereby acknowledge that I am informed and aware of the university policy regarding the requirements to enter and continue studies in the Internship Phase of my program. The following regulations apply to me:

1. “Successfully passing all theoretical, practical, laboratory, and hospital ward assessments is mandatory prior to commencing the internship. Additionally, students must 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 to qualify for entry into the internship program.”
2. "For courses and hospital wards in the clerkship stage where scores have not yet been registered in the system, students are permitted to participate in exams conditionally. If a score is registered and the student fails any of the courses or hospital wards before the start of the internship, they will not be allowed to proceed to the next stage, and their exam will be canceled. Consequently, the student must retake the exam at the next available opportunity.
3. Given the special conditions for **MBBS students**, they are allowed to participate in this exam up to three months before graduation. Therefore, meeting all the stipulated conditions according to the rules and regulations is a prerequisite for graduation."
4. students must submit their Thesis Proposal to the TUMS Research Portal prior to the Pre- Internship exam, and I have done so.
5. It is committed that If I am not eligible to start Internship Phase, according to the educational and research rules, my Exam will be considered incomplete and I need to retake the pre-internship Exam after obtaining the Requisite conditions.
6. It is also necessary to submit the proposal in Research System before the exam, which has been done.

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

Phone Number:

Student’s Signature / Date

تعهد نامه جهت شروع دوره کارورزی

**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 تا شروع دوره کارورزی، واجد شرایط شروع دوره نباشم، بر طبق قوانین آموزشی و پژوهشی آزمون من کان لم یکن(ناتمام) تلقی خواهد شد و لازم است پس از کسب تمامی شرایط، مجدد در آزمون پیش کارورزی شرکت کنم. کارت ورود به جلسه دریافت شد. دستورالعمل نیز با دقت مطالعه شد.

امضاء دانشجو / تاریخ