**In the Name of God**

**Form (2): Authorization for Thesis Defense Session**

**Registration Code: ...........................................**

**Ethics Code: ....................................................**

(To be completed by the Office of Education)

|  |  |
| --- | --- |
| Student ID Number | Contact Number |
| ..................................... | ..................................... |

This is to certify that the student  
......................................................................................  
is in the final six months of their MD/MBBS program and, according to academic regulations, has no restrictions preventing them from defending their thesis.

Seal and Signature of the Director of Education

Note: This form is valid for 2 weeks from the date of signature by the Director of Education.  
Any defense held beyond this period shall be considered invalid.

(To be completed by the relevant academic department)

To: Vice-Dean for Research Affairs, International School of Medicine  
Subject: Authorization for Thesis Defense Session  
  
Dear Sir/Madam,  
  
This is to certify that the implementation and writing of the thesis by  
Mr./Ms. ....................................................................................  
student of ....................................................................................  
entitled:  
......................................................................................................................................................................................................................................................................................

has been completed in accordance with the approved proposal. The thesis has been fully reviewed and is ready for the defense session.

|  |  |
| --- | --- |
| Supervisor(s) | Signature & Seal |
| Advisor(s) | Signature & Seal |
| Methodology Consultant | Signature & Seal |
| Full Name | Signature & Seal |

We hereby confirm the scientific and methodological review of the above-mentioned thesis.  
Accordingly, it is scheduled for defense—after coordination with your office—at:  
  
Time: ..........................................  
Date: ..........................................  
Venue: ..........................................  
  
With the presence of the respected supervisors, advisors, and the following examiners:  
  
- Representative of the Vice-Dean for Research Affairs (Session Observer)  
(to be appointed if the Vice-Dean cannot attend)  
  
- Examiner 1:  
Signature & Seal: ......................................  
Thesis copy received: ☐ Yes

- Examiner 2:  
Signature & Seal: ......................................  
Thesis copy received: ☐ Yes

- Vice-Dean for Research Affairs (Departmental)  
 Signature & Seal: ......................................