

Thesis Evaluation Form

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| --- | --- |
| **First Name:** | **Last Name:** |
| **Program:** | **School:** |

**Level:** MD  MBBS 

Thesis Topic:

Date of the Meeting: Time:

**Mark (article mark not included)**: ……………… **Article Submitted**  **Article Accepted/published** 

* **Providing the proof of a submitted article is mandatory for defense.**
* **Two marks allotted for an accepted/published article .**

*Comment:*

Names and Signatures of the Committee Members:

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

Department Deputy of research Dean of Medical School