دانشگاه علوم پزشکی ایلام
Ilam University of Medical Sciences

دانشکده .....
School of .....

فرم تاییدیه نهایی پایان نامه
Final Thesis Approval Form

نام دانشجو:
Student Name:

مقطع تحصیلی:
Degree Level:

رشته تحصیلی:
Field of Study:

عنوان پایان نامه:
Thesis Title:

استاد راهنما:
Thesis Supervisor:

استاد مشاور:
Co-supervisor:

تاریخ تصویب:
Date of Approval:

تاریخ دفاع:
Defense Date:

هیأت داوران Examining Committee	نام و نام خانوادگی Full Name	درجه تحصیلی و مرتبه علمی Academic Degree and Rank	امضاء Signature
استاد راهنما Supervisor			

			استاد مشاور علمی Co-supervisor
			استاد مشاور آماری Statistic Co-supervisor
			داور Reviewer
			داور Reviewer
			نماینده تحصیلات تکمیلی دانشکده..... Representative of Graduate Studies, School……

در مورخ _____، دفاع با نمره _____ و درجه _____ مورد تایید قرار گرفت.

On _____, the defense was approved with a grade of _____ and a degree of _____.

مدیر تحصیلات تکمیلی دانشکده/ معاون پژوهشی
Director of Graduate Studies/ Vice Chancellor for Research, School of ……

Ilam University of Medical Sciences
School of …….

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Student Name:

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Co-supervisor:

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Examining Committee	Full Name	Academic Degree and Rank	Signature
Supervisor			
Co-supervisor			

Statistic Co-supervisor			
Reviewer			
Reviewer			
Representative of Graduate Studies/ Vice Chancellor for Research, School……			

On _____, the defense was approved with a grade of _____ and a degree of _____.

Director of Graduate Studies/ Vice Chancellor for Research, School of ……