**School of Public Health**

**Form of Choosing Thesis/dissertation Supervisor**

**Student Name: ………………………… Subject and Degree: ……………………………….**

**Date of enrolment/start at TUMS: ………………… Current semester: …………**

Hereby, I declare that I would like to choose, Dr. ………………………….……, the faculty member of Dept. of …………………………………………………………, as supervisor of my MPH/ MSc. /PhD thesis.

Kind regards,

…………………………………………….

**Supervisor name and signature ………………………………………**

**Education Office**

It is confirmed. Rejected.

Date and signature.