

**Tehran University of Medical Sciences**

**School of Public Health**

 **Readiness to Defence Form**

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| --- | --- |
| **Last Name:** | **Student’s First Name:** |
| **Department:** | **Program:** |

 **Level: PhD PhD by Research Student No:**

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**Thesis Topic:**

**Date of Meeting: Time and Venue:**

**To Head of Department,**

We, the signatories, hereby confirm that the abovementioned student has held his/her pre-defence **successfully** and is ready to defend the thesis.

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| --- | --- | --- | --- | --- |
| **Examination Board** | **Name & Surname** | **Rank** | **Workplace** | **Signature** |
| **1st Supervisor** |  |  |  |  |
| **2nd Supervisor** |  |  |  |  |
| **1st Advisor** |  |  |  |  |
| **2nd Advisor** |  |  |  |  |
| **3rd Advisor** |  |  |  |  |
| **Internal referee** |  |  |  |  |
| **Internal referee** |  |  |  |  |
| **External referee** |  |  |  |  |
| **External referee** |  |  |  |  |
| **Representative of Education Council** |  |  |  |  |

Note: The presence of supervisors and advisors (at least one supervisor and one advisor is required and other team members must have read and approved the thesis) and at least two members of the examiners (one internal and one external) as well as the representative of the Graduate Education Council (if the council representative is one of the referees, the presence of at least one external referee is sufficient).

**Head of Department Name and Signature**

**Approved by the School Graduate Education Council**

Request to defend from the thesis of Mr./Miss ................................................ PhD candidate in the program.................................................was proposed and approved in the council meeting dated ....... ..........................................

**School Education Admin Office Name & Signature**

**School Education Deputy Name & Signature - Dr Ebrahim Jaafaripooyan**