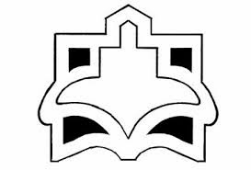
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Number:

Date:

**PhD/Master’s Thesis Defense Session Authorization Request Form**

**Shazand School of Nursing**

**Dear Head of Department:**

**Greetings,**

**I, ........................................, son/daughter of ........................................, holding passport number .................................., from the country of ......................, am a PhD/Master’s degree student in the field of ................................, admitted in the academic year ................... at this institution. I have successfully completed all the required core, specialized, and compensatory courses by the end of the semester ............. of the academic year .............. and in the semester ............. of the academic year .............., I have selected my thesis entitled:**

**.......................................................................................................................................................................................................**

**under the supervision of Professor ..................................... and the advisory guidance of Professor ..................................... After approval, I have completed all the stages of drafting and writing the thesis.**

**I kindly request your approval to initiate the necessary arrangements for scheduling the thesis defense session. Thank you for your consideration.**

**Date and Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is hereby certified that:**

The thesis of the student ................................. entitled……………………………………………………. ........................................................................................................................................................................which has been completed under the supervision/advisory guidance of the undersigned, has been thoroughly studied and reviewed. All deficiencies and errors have been corrected, and it is ready to be presented at the defense session.

Supervisor’s Full Name: Advisor’s Full Name:

Signature and Date: Signature and Date:

**Dear Head of Department:**

Respectfully, considering that the above-mentioned student has successfully completed the PhD/Master’s degree courses, you are kindly requested to issue the necessary order regarding the appointment of the thesis examiner(s).

Graduate Studies Officer / Education Officer:

Signature and Date**:**

**Dear Deputy of Research, Faculty:**

Respectfully, the thesis of Mr./Ms. .............................................., PhD/Master’s student in the field of ......................................... with the subject:

....................................................................................................................................................................................................................................................................

under the supervision of Mr./Ms. .................................... is eligible to be presented at the honorable thesis defense committee meeting.

Kindly issue the necessary order to hold the thesis defense session on ................ (day), dated ..................... at .................... (time), and send the invitation accordingly.

Furthermore, the thesis defense committee members are as follows:

1 – Thesis Supervisor: Mr./Ms. ...........................................................................

2 – Thesis Advisor: Mr./Ms. ...........................................................................

Proposed Examiners:

a) \*Internal Examiner: Mr./Ms. ...........................................................................

b) \*\*External Examiner: Mr./Ms. ...........................................................................

\* (Two examiners are proposed by the thesis supervisor and approved by the Faculty Graduate Studies Council, selected from researchers inside and outside the university.)

\*\* (At least one of the two examiners must be from outside the department or faculty.)

Advisor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_