**In the Name of God**

No:

Date:

Time:

Attachment:

**Shazand School of Nursing**

Dear Head of the Library, Arak University of Medical Sciences, Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Greetings and respect,

Kindly review the following proposed doctoral dissertation title in Nursing for duplication/non-duplication and confirm accordingly.

Proposed Title:

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

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Studies Director’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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