**In the Name of God**

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| Number:  Date:  Attachment: | **Progress Report of Graduate Students’ Thesis Work** |  |
| دانشگاه علوم پزشکی اراک - ویکی‌پدیا، دانشنامهٔ آزاد  **Shazand School of Nursing** |
| **Student Information:** Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thesis Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Regulations Regarding Thesis Progress Reports:**  After final approval of the proposal, the student must prepare a progress report on the thesis work every three months and submit it to the graduate education office of the faculty after supervisor’s approval by the specified deadline.  **Reminder:**   1. If the report submission is delayed, the education office will refer the delay report to the faculty deputy. 2. One and a half points out of twenty for the thesis grade are allocated to the progress report, and failure to submit on time will result in a grade deduction. | | |
| **Progress Report:**  Summary of Thesis Progress: ..............................................................................................................  Scientific or Operational Problems Encountered During the Thesis Work: .............................................................................................................. ..............................................................................................................  Summary of Planned Activities: 1.  2.  3. 4. | | |

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| Scientific Articles (Published, Presented at Seminars, Submitted, or Prepared) Resulting from the Thesis Work: .............................................................................................................. ..............................................................................................................  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisors’ Comments:**  Final Comment of Supervisor:   |  | | --- | |  |   Final Comment of Advisor:   |  | | --- | |  |   Final Comment of Advisor:   |  | | --- | |  | |
| **Supervisor(s) Evaluation:**  Thesis progress status: Good Acceptable Poor  Student’s attendance and activity level: Good Acceptable Poor  Other remarks: ..............................................................................................................  Approximate percentage of thesis progress: Estimated thesis defense date:  Supervisor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Advisor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Second Advisor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Head’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Graduate Studies Officer of the Faculty:**  Greetings, the progress report of Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby submitted for filing. |

Dean/Deputy of Education and Research of the Faculty:  
Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies:** 1- Education Office 2- Student