In the Name of God

|  |  |  |
| --- | --- | --- |
| Number:  Date:  Attachment: | six-Month Seminar Report for Graduate Students | 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 and present an oral seminar every six months on the progress of the thesis work. This seminar should be delivered on the scheduled date, with supervisor’s approval, in the presence of the members of the Department of Public Health.  Reminder:  If the seminar presentation is delayed, the education office will refer the delay report to the faculty deputy.  One point out of twenty for the thesis grade is allocated to the seminar presentation, and failure to present on time will result in a grade deduction. | | |
| Oral Seminar Presentation Report:  Summary of the oral seminar presentation regarding thesis progress : …………………………… .......................................................................................................................................................... ………..............................................................................................................  Summary of planned activities for the continuation of the work : ………………………………… .......................................................................................................................................................... .......................................................................................................................................................... ..............................................................................................................  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Supervisors’ Comments:  Final Comment of Supervisor:   |  | | --- | |  |   Final Comment of Advisor:   |  | | --- | |  |   Final Comment of Advisor:   |  | | --- | |  | | | |
| |  | | --- | | Supervisor(s) Evaluation:  Seminar presentation status: Good Acceptable Poor  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 Department of the Faculty: Dear Graduate Studies Officer, The oral seminar presentation report of Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding the thesis is hereby submitted for filing.  Deputy of Education and Research of the Faculty:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |