

Iran University of Medical Sciences

International Campus

Nursing and Midwifery School

**Co-Supervisor/Statistics Consultant Form**

**Dear Professor, Dr.** …………………………………………………….

Please declare your agreement to be as a co-supervisor/statistics consultant of Mr./Mrs. ………………………., a MSc/Ph.D. student in the field of ....................................., with the title of thesis: .......................................................................................................................................................................................................................................................................................

**Notice:** If a co-supervisor is chosen from outside the school, kindly state the reasons for this selection: ...........................................................................................................................................................................................................................................................................................................

Yours faithfully

**Signature of the supervisor**

Hereby, I……………………..... with the academic degree of ………………......... in the field of ……................................. from university of ................................................................... declare my agreement to attend as co-supervisor/statistics consultant of the student Mr. /Mrs. .............................................

**Signature of the co-supervisor/statistics consultant**

**The Council of Post Graduate Education’s Decision:**

In the meeting dated……………………………the request was discussed and:

 Agreed Disagreed

|  |  |
| --- | --- |
| Date: | Post Graduate Office Director’s Signature: |