

Iran University of Medical Sciences

International Campus

Nursing and Midwifery School

**Supervisor’s Form**

**Dear** **Professor**

Please declare your agreement as my supervisor “…………………………….” as a PhD/MSc student and, with a student number of (………………………….) in the field of ……………………………

Date of entering the program:………

|  |  |
| --- | --- |
| Date: | Student’s signature: |

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**Supervisor’s Decision:**

I accept to be the supervisor of Mr. / Mrs. ……………………….

|  |  |
| --- | --- |
| Date: | Supervisor’s signature: |

**The Head of Department’s Decision of:**

The supervision request of Mr. /Mrs. ………………………. is approved.

|  |  |
| --- | --- |
| Date: | Head of Department’s signature: |

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

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

Agreed Disagreed

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