**In the name of God**



**Iran University of Medical Sciences**

**School of Nursing and Midwifery**

**Co-Supervisor/Statistics form**

**Dear colleague, Mr. /Mrs.** …………………………………………………….

You are invited to participate as an co supervisor of Thesis Defense Session of Mr./Mrs. ………………………., a MSc/Ph.D. student in the field of ....................................., which entitled: ........................................................................................................................................................................................................................................................................................

Justifications (if you choose co supervisor from outside the school): .......................................................................................................................................................................................................................................................................................

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 an advisor of Thesis Defense Session of Mr. /Mrs. ............................................. entitled …………………………………………………………………………………………………..

Name and signature of the co supervisor:

**Council of Higher Education:**

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

 Agreed Disagreed

Date: **Signature of the Director of Higher Education:**