**In the name of God**



**Iran University of Medical Sciences**

**School of Nursing and Midwifery**

**Supervisor’s form**

Please announce your agreement to be the supervisor of Mr. /Mrs. ……………………………. PhD/MSc student in the field of ……………………………

Date of entering the program:September ……… February ………

Educational course: passed not passed

Comprehensive exam:passednot passed

Date: Student’s signature:

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**Comment of the supervisor:**

I accept to supervise Mr./ Mrs. ……………………….

Date: Supervisor’s signature:

**Comment of the head of department:**

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

Signature of head of the department:

**Comment of the Faculty's post graduate office:**

In the meeting dated……………the request was discussed and agreed/disagreed.

Date: **Signature of the Head of post graduate office:**