



## Proposal Approval Form

Student/Applicant	
First Name:	Last Name:
Program:	School:

Level:            PhD                       M.Sc.                       Undergraduate

Proposal Title:

Date of the Submission:

Date of the Meeting:

Supervisors:	Name	Signature
1-	_____	_____
2-	_____	_____
Advisors:		
1-	_____	_____
2-	_____	_____
Internal Referees:		
1-	_____	_____
2-	_____	_____
3-	_____	_____
4-	_____	_____
External Referees:		
1-	_____	_____
2-	_____	_____
3-	_____	_____
4-	_____	_____

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School Vice Dean for Research Affairs /  
School Vice Dean for Educational Affairs

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TUMS-IC Vice President for  
Research Affairs