

Student Name:..... University ID. NO.....

Supervisor Name:..... Signature:.....

CO-Mentor:.....Signature:.....

Head of the Research:.....Signature:.....

	Research topic (deadline 1/10/2016)			
	Name	Signature	Date	Status
Supervisor				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Head of the Research				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Chair of the internship				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Comments:

	Research Protocol (deadline 1/12/2016)			
	Name	Signature	Date	Status
Supervisor				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Head of the Research				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Chair of the internship				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Comments:

	Thesis (deadline 1/5/2016)			
	Name	Signature	Date	Status
Supervisor				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Head of the Research				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Chair of the internship				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Comments:

	Research Completion (deadline 1/6/2016)			
	Name	Signature	Date	Status
Supervisor				<input type="checkbox"/> Pass <input type="checkbox"/> Failed
Head of the Research				<input type="checkbox"/> Pass <input type="checkbox"/> Failed
Vice Dean for clinical affairs				<input type="checkbox"/> Pass <input type="checkbox"/> Failed
Chair of the internship				<input type="checkbox"/> Pass <input type="checkbox"/> Failed

Comments: