A-1

Dear Vice Dean for Research, Faculty of Medicine,

With warm greetings and respect,



Date: .....
Number: ...

**Shahrekord University of Medical Sciences** 

## Vice Dean for Research Faculty of Medicine

Minutes of the Meeting: Review and Approval of the Initial Thesis Proposal for Postgraduate Programs.

This letter confirms that the initial thesis proposal submitted by Mr./Ms, with student			
ID, enrolled in the, program, majoring in, with entry year,			
and titled "", has been reviewed			
and approved.			
		// /	Signature of the Student
The initial thesis proposal is attached.			
Thesis Review Committee Members:			
Number	Full Name	Position	Signature
1			
	'		
2			
2			

Signature of the Department Director

4

Signature of the Department's Research Assistant