

Notice of confirmation for Ph.D. thesis advisor

From the _____ Fall/Spring semester, the academic work and thesis of _____ (Student Name) in the PhD program at the Institute of Basic Medical Sciences will be supervised under prof. _____ (advisor name) of _____ (department) .

Thesis advisor (signature):

Date: _____

Chair of the consulting committee (signature):

Date: _____

Recommendation form for the thesis counseling committee

Student Name:

Advisor:

Preliminary research topic:

	Name	Reasons for recommending
Recommending committee member (1)		
Recommending committee member (2)		

Note: It is suggested to recommend a clinical professor to act a thesis counseling committee member.