



Faculty of Pharmacy Pharm D. Thesis Proposal Form

Part I. Supervisor's Institution Consent

If the Supervisor for this thesis study described in this form is affiliated to any institutions other than Eastern Mediterranean University, this section is to be filled completely, signed and stamped as instructed below.

This supervisor from your institution has agreed to supervise the thesis study of the above-mentioned student as proposed and described in parts I and III of this form. With reference to **Thesis Assignment Rules listed in Page 4**, this section seeks for the consent of your institution with the supervision of your affiliated faculty staff on the conduct of this thesis study.

- Signature of the related bodies from Supervisor's home institution equals with the consent of their institution with providing enough services for the conduct of the following thesis as follows:

Thesis Title	
Supervisor's Name, Surname and Title	
Affiliating Institution's Name	

Dean for Faculty/School of Pharmacy	Signature & Stamp	Date
Name, Surname and Title		

Part II. Student's Declaration on Plagiarism and Student's Approval

I am aware of the 'Principles of Research Ethics' as should be obeyed. With this knowledge, I declare that the thesis that I will submit to the Faculty of Pharmacy will be the result of my own independent work and that in all cases, any materials and/or the literature from the work of others will be fully cited and referenced as required by the academic rules and ethical conduct. I understand that if any kind of plagiarism is detected in my written work, the Faculty of Pharmacy has the right to take the case to the 'Disciplinary Committee' for necessary action. I also agree to take the above thesis as a part of my graduate study.

Student		Signature		Date	
---------	--	-----------	--	------	--

Part III. Supervisor's and Co-Supervisor's Approval

Supervisor		Signature		Date	
Co-supervisor		Signature		Date	

Part IV. Evaluation of the Faculty Graduation thesis committee

Committee Member Title and Name		Proposal			Signature
Member 1 (Chair)		APPROPRIATE		INAPPROPRIATE	
Member 2 (Chair)		APPROPRIATE		INAPPROPRIATE	
Member 3 (Chair)		APPROPRIATE		INAPPROPRIATE	
Date	Evaluation Result	APPROPRIATE		INAPPROPRIATE	

Part V. Approval of the Dean's Office

Dean of the Faculty Title and Name		Signature		Date	
---------------------------------------	--	-----------	--	------	--