



**IN THE NAME OF GOD**

**ISLAMIC AZAD UNIVERSITY ISFAHAN (KHORASGAN) BRANCH  
GRADUATE SCHOOL .....DEPARTMENT**

**DATE OF APPROVAL: .....**

**THIS IS TO CERTIFY THAT THE CONTENT, FORMAT, AND  
QUALITY OF PRESENTATION OF THE DISSERTATION SUBMITTED  
BY**

**ENTITLED:.....**

.....

**AS PARTIAL REQUIREMENT FOR THE DEGREE .....  
.....ARE ACCEPTABLE TO THE  
RESEARCH COMMITTEE.**

**SUPERVISOR: .....**

**ADVISOR: .....**

**INTERNAL EXAMINER: .....**

**EXTERNAL EXAMINER: .....**

**RESEARCH DEPUTY DIRECTOR OF THE GRADUATE SCHOOL**

**DR. Majid Toghyani**