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| 1. **Student Personal Information:** | |
| Name: | Mobile No: |
| Identification No: | Program: |
| Department: | School: |
| Date of joining the program: | Academic Year: |
| Student’s Signature: | Date: / / |

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| 1. **Thesis Defense Details:** |
| Suggested title of the thesis (written in accordance with thesis language): |
| Title (written in Arabic if thesis is in English or German, or in English if thesis is written in Arabic): |

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| 1. **Administrative Approvals:** | | |
| |  |  |  | | --- | --- | --- | |  | Supervisor | Co-Supervisor ( if present ) | | Name |  |  | | Academic rank |  |  | | Specific specialization |  |  | | Program’s Department |  |  | | Place of work |  |  | | Employee No. |  |  | | Phone Number |  |  | | E- Mail |  |  | | Mobile |  |  | | Signature |  |  | | | |
| |  | | --- | | **List of supervisor’s publications for the last five years:** | |  | |  | |  | |  | |  | |  | |  | | | |
| |  | | --- | | **List of Co-supervisor’s publications for the last five years:** | |  | |  | |  | |  | |  | |  | |  |   **ـــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ**  **Admission and Registration Office:** | | |
| The student is registered since the\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year (\_\_ / \_\_\_) and completed (       ) credit hours with a cumulative average of ( ). The number of registered credits for this semester is ( ) credits.  Number of semesters the student spent in study (       ).  The student is entitled for appointment of a supervisor:  □Yes □No, for the following reasons: | | |
| Signature of the Registrar: | | Date: / / |

**ـــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ**

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| **Program’s Department Graduate Studies Committee Recommendation :** □ Approve ☐Reject |
| Signature of Committee’s Chairperson: Date: |
| **Program’s School Graduate Studies Committee Recommendation :** □Approve ☐Reject |
| Signature of Committee’s Chairperson: Date: |
| **Dean of Graduate Studies Decision:**  ☐Approved ☐Reject |
| Signature of Committee’s Chairperson: Date: |

\*Article (31) this form must be submitted no later than the third semester of the student enrolment.