**DEANSHIP OF GRADUATE STUDIES**

**MASTER’S THESIS PLAN FORM**

|  |
| --- |
| **A. Personal Information (Applicant)** |
| Name: Tel/Mobile: Identification Number: School/Department/Program:  Date of joining the program (*dd/mm/year*): Academic year:  Signature of the Applicant: Date: |

|  |
| --- |
| **B.** **Editing and Proofreading** |
| The quality of the language in the text below was checked: Yes No  Signature of the student: Signature of the supervisor: |

|  |
| --- |
| **C. Thesis Proposal** |
| 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 in Arabic):  ………………………………………………………………………………………………………… |

|  |
| --- |
| Supervisor: Signature: Date: |
| Co-Supervisor: Signature: Date: |
| Abstract (maximum 20 lines): |
| Objective(s): |
| Background (maximum 20 lines): |
| Literature review (5 to 10 most relevant references): |
| Methodology (Research methodology shall be described in sufficient detail to permit evaluation of the probability of success in achieving the objectives): |
| Outcomes (maximum 10 lines)**:** |
| Timetable (Indicate the timeframe for each broad stage considering: literature surveys, data collection, production, modeling, review, analysis, testing, reporting, chapter and thesis writing, and thesis submission date): |
| Originality and contribution (maximum 10 lines): |
| The project described above is original and relevant:  Yes  No  Signature of the department chair: Date |

|  |
| --- |
| **D. Administrative Approvals** |
| Recommendation of the Department (Chair)  Approve  Reject  Signature: Date: |
| Recommendation of the School (Dean)  Approve  Reject  Signature: Date: |
| Recommendation of the Dean of Graduate Studies  Approve  Reject  Signature: Date: |