**Part A**: Student and Thesis Information (to be filled by the student)

|  |  |
| --- | --- |
| Student Name: |  |
| Student ID#: |  |
| Graduate Program: |  |
| Thesis Title ( in English): |  |
| Thesis Title ( in Arabic): |   |
| Thesis Title ( in German): \*required only for MA program of German as a Foreign Language |  |
| **I** hereby confirm to abide by ethical standards and scientific integrity and to abide by the regulations during thesis defense.Signature:Date (dd/mm/yy): |

**Part B**: Supervisor information (to be filled by the supervisor and the co-supervisor-if any):

|  |  |
| --- | --- |
| Supervisor | Co-Supervisor (if any) |
| I confirm that the thesis is ready to be defended | I confirm that the thesis is ready to be defended |
| Name: | Name: |
| Signature: | Signature: |
| Date (dd/mm/yy): | Date (dd/mm/yy): |

**Part C**: To be filled by the Supervisor:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Committee Members | Academic Rank | Institution | Employment Number | Specialization | Phone Number |
| Supervisor |  |  |  |  |  |
| Co-Supervisor (if any) |  |  |  |  |  |
| Internal Examiner |  |  |  |  |  |
| Internal Examiner |  |  |  |  |  |
| External Examiner (Full name) |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Defense Time: | Defense Date: | Room #: |

**Part D**: To be filled by the Registration Department:

|  |  |
| --- | --- |
| Approve | Reject |
| The student has completed all coursework and has registered at least 3 semesters | The student has not completed all coursework or has registered less than 3 semesters |
| Registrar Name: | Registrar Name: |
| Signature: | Signature: |
| Date (dd/mm/yy): | Date (dd/mm/yy): |

**Part E**: Official Approval (check the appropriate option)

|  |  |  |
| --- | --- | --- |
| Program’s Department Graduate Studies Committee Recommendation: | [ ]  Approve[ ]  Reject | Signature:Date (dd/mm/yy): |
| Program’s School Graduate Studies Committee Recommendation: | [ ]  Approve[ ]  Reject | Signature:Date (dd/mm/yy): |
| Dean of Graduate Studies: | [ ]  Approve[ ]  Reject | Signature:Date (dd/mm/yy): |