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| School:  Department:  Master Program: | | | | |  | | | |
| **Recommendation of the Program’s Department of Graduate Studies Committee:** | | | | | | | | |
| The Graduate Studies Committee of the Department:        recommends the formation of the comprehensive exam committee for the Master program that will be convened at time:       Day:       Date:       as follows: | | | | | | | | |
|  | **Full Name** | **Academic Rank** | | | | | **Specialization** | |
| **1** |  |  | | | | |  | |
| **2** |  |  | | | | |  | |
| **3** |  |  | | | | |  | |
| **4** |  |  | | | | |  | |
| **5** |  |  | | | | |  | |
| **6** |  |  | | | | |  | |
| Session No:  Comments: | | | | | | | | |
| Department Graduate Studies Committee  Chairperson’s signature: Date: / / | | | | | | | | |
| **Recommendation of the Program’s School Graduate Studies Committee:** | | | | | | | | |
| Approve Reject | | | | | | Session No: | | |
| Comments: | | | | | | | | |
|  | | | | | | | | |
| School’s Graduate Studies  Committee Dean’s signature | | | | | | Date: / / | | |
| **Dean of Graduate Studies Decision:** | | | | | | | |
| Approve | | | Reject | | | | | |
| Comments: | | | | | | | | |
| Signature: | | | | Date: / / | | | |
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Cc/School’s Graduate Studies Committee Chairperson.

\*Article No. (48/c) in the MSc regulations in GJU.