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| --- |
| **Student Personal Information:** |
| Name:       | Identification No.:       | Mobile No:      |
| School/Department/Program:       |
|  |
| **Program’s Dept. Graduate Studies Committee Recommendation:** |
| The committee recommends granting the student-------------------------------- the Master’s Degree (type, MBA, MA, or M.Sc.) in the specialization --------------------------------------------Based on the approval of the thesis defense result that took place on: ………………… (day), and date: / /**And the thesis title: (Written in the thesis language)** |
| Comments:  | Session No.:  |
| Signature of Committee’s Chairperson: | Date: / /  |
|  |
| **Program’s School Graduate Studies Committee Recommendation:** |
| The committee recommends granting the student mentioned above the Master’s Degree (type). |
| Comments:  | Session No.:        |
| Signature of Committee’s Chairperson: | Date: / /  |
|  |
| **Council of Graduate Studies Recommendation:** |
| □ The Council recommends granting the student mentioned above the Master’s Degree (type). |
| Comments:   | Session No.: |
| Signature of the Dean:  | Date: / /  |
| **\*Document to be attached to this form:**Notification of delivering the thesis copies and DVD to the Library |

Cc/Director of Admission and Registration Dept.