|  |  |  |  |
| --- | --- | --- | --- |
| **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.