|  |
| --- |
| -School:-Program’s Department: -Master Program: |
| **Program’s Department Graduate Studies Committee Recommendation:** |
| The committee recommends granting the students mentioned below the Master’s Degree (Mention the type, i.e. MBA, MA. Or M.Sc.) in the specialization: …………………………………………….…………………………………………………………………………………………………………Based on the approval of the comprehensive exam results that took place on: …………………(day), and date: / / |
| -Comments: | Session No.: |
| Signature of Committee’s Chairperson:  | Date: / /  |
|

|  |  |
| --- | --- |
| **Student’s name in 3 parts** | **Student number** |
| 1- |  |
| 2- |  |
| 3- |  |
| 4- |  |
| 5- |  |
| 6- |  |
| 7- |  |
| 8- |  |
| 9- |  |
| 10- |  |
| 11- |  |
| 12- |  |
| 13- |  |
| 14- |  |
| 15- |  |
| 16- |  |
| 17- |  |
| 18- |  |
| 19- |  |

 |
|  |
| **Program’s School Graduate Studies Committee Recommendation:** |
| **□ The committee recommends granting the students mentioned above the Master’s Degree (type) in the mentioned program.** |
| Comments: | Session No.:  |
| Signature of Committee’s Chairperson:  | Date: / / |
| **Council of Graduate Studies Recommendation:** |
| □ The Council recommends granting the students mentioned above the Master’s Degree (Type) in the mentioned program. |
| Comments: | Session No.: |
| Signature of the Dean: Date: / / |

Cc/Director of Admission and Registration Dept.