|  |  |  |  |
| --- | --- | --- | --- |
| -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.