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| --- | --- | --- | --- |
| **Student Personal Information:** | | | |
| Name: | Identification No.: | | Mobile No: |
| School/Department/Program: | | | |
| Current Semester: | | For the Academic Year: | |
|  | |  | |

**From Thesis to Comprehensive Exam**.

**From Comprehensive Exam to Thesis.**

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| **Courses Information:** | |
| **Course Number** | **Course Title** |
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| **-Program’s Department Graduate Studies Committee Recommendation :** □ Approve ☐ Reject | | | |
| Signature of Committee’s Chairperson: Date: | | | |
| **-Program’s School Graduate Studies Committee Recommendation :** □Approve ☐ Reject | | | |
| Signature of Committee’s Chairperson: Date: | | | |
| **-Dean of Graduate Studies Decision** : □Approve ☐ Reject | | | |
| Comments:  Signature: Date: | | | |

CC /Student’s Department

CC /Admission and Registration Dept.

\*Article No. (15) in the MSc regulations in GJU.