 **GS-F 31**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

 **Date: / /**

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| **Recommendation to Grant a Master’s Degree/Thesis Track** |

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| **Student Personal Information:** |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_

Dept.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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: / /

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| **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: / /

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| **For the use of the Deanship of Graduate Studies (Admission and Registration):** |

1. □ All the information mentioned above are correct and precise.
2. □ Remarks on the application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: / /

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| **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.

Cc/Deanship of Graduate Studies ( to take action).