



Form **PG-T1**
Rev. 1.3 - September 2020

Master Thesis Defense Request Application

Note This form must be submitted to the board of postgraduate studies no later than the **13th week** of the semester.

Part I		STUDENT (Please fill in the fields below)	
1	Student's Name:	Student's ID:	
2	College:	Department	
3	Program:	Date (DD-MM-YYYY):	
4	Thesis Title:		
5	عنوان الرسالة (باللغة العربية):		

Part II		SUPERVISOR (Please fill in the fields below)	CO-SUPERVISOR (if applicable)	
6	Date (DD-MM-YYYY):	Date (DD-MM-YYYY):		
7	Supervisor:	Co-Supervisor:		
8	Supervisor's Signature:	Co-Supervisor's Signature:		

Part III		DEPARTMENT DECISION Please attach minutes of the Department Meeting		Approved	Not Approved
9	Date (DD-MM-YYYY):			<input type="checkbox"/>	<input type="checkbox"/>
10	Department Chairman's Name:	Department Chairman's Signature:			
11	Examiner 1 Name:	Examiner 2 Name:			
12	Examiner 3 Name:	Examiner 4 Name (if applicable):			
13	Examiner 5 Name (if applicable):				

Part IV		COLLEGE BOARD DECISION Please attach minutes of the College Board Meeting		Approved	Not Approved
14	Date (DD-MM-YYYY):			<input type="checkbox"/>	<input type="checkbox"/>
15	Dean's Name:	Dean's Signature:			

Part V		BOARD OF POSTGRADUATE STUDIES DECISION Please attach minutes of the Postgraduate Studies Board Meeting		Approved	Not Approved
16	Date (DD-MM-YYYY):			<input type="checkbox"/>	<input type="checkbox"/>
17	Dean of Postgraduate Studies name:	Dean of Postgraduate Studies Signature:			