

Thesis Writing Policy

Form #:	GS-300-F5	Revision #:	01
Accessibility level:	A	Effective date:	Jan. 20, 2021

DEANSHIP OF GRADUATE STUDIES AND SCIENTIFIC RESEARCH

MASTER THESIS DEFENSE DECISION FORM

Student's Name:	ID Number:	
College:	Department:	
Program of Study:	Date:	
Thesis Title:		
Dean of Graduate Studies		
Referring to the decision of forming an examining committee for the thesis mentioned above. The proposed thesis was defended by the student in front of the committee on / / , and the committee decision is		
<input type="checkbox"/> Pass <input type="checkbox"/> Pass with minor revision <input type="checkbox"/> Pass with major revision <input type="checkbox"/> Pass with major revision and need for new defense <input type="checkbox"/> Fail		
Committee Members:		
<u>Committee Member Name</u>	<u>Role</u> ¹	<u>Signature and Date</u>
1.		
2.		
3.		
4.		

Role in the committee (Head, internal committee member, or external examiner)

Note: The application will not be considered unless the C.V of the co-supervisor is appended to it, if he/she works outside the university.

