|  |  |  |  |
| --- | --- | --- | --- |
| **Date / /**  | **Issued document no.** | **Department**  | **Faculty** |

**1- Personal details**

|  |  |
| --- | --- |
| Student number: | Student name: |
| Academic year and semester: | Department/specialization: |

**2- Thesis title: (in the language of the thesis) and as approved by the faculty of graduate studies:**

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|  |
| Main supervisor’s decision: 🞎 approves thesis discussion 🞎 does not approve thesis discussion |
| **Date** |  **Signature** |

**3- Faculty of Admission details (no objection):**

|  |  |
| --- | --- |
| Academic year: | Student registered since the semester: |
| Average:  | Successfully covered credit hours: |
| Date of appointing a supervisor and approving the plan: | Semesters spent in the university: |
| Year:  | Semester: | Semesters postponed, withdrawn, or dropped (with excuse) |
| Year:  | Semester:  | 7. Previous extensions: |
| 8. Student is registered in the current semester: 🞎 Yes 🞎 No  |
| 9. Student has passed TOEFL or an equivalent exam: 🞎 Yes 🞎 No |
| 10. Student is eligible to discuss his/her thesis: 🞎 Yes 🞎 No |
| Date: | Faculty registrar’s signature and stamp: |
| Date: | signature of the Dean of the of admission |

**5- Finances details:**

|  |  |
| --- | --- |
| **🞎 outstanding balance/ due payments, must check with the finances department** | **🞎 Financial clearance** |
| Date: | Signature (with seal) |

|  |  |
| --- | --- |
| **Recommendations of the graduate studies committee in the faculty** | **Recommendations of the graduate studies committee in the department**  |
| Doesn’t recommend approval 🞎 | Recommends approval 🞎 | Doesn’t recommend approval 🞎 | Recommends approval 🞎 |
| Date: / / | Session number | Date: / / | Session number |
| Date: / / | Order number: | Date: / / | Order number: |
| Head of committee signature:  | Head of committee signature:  |

**5- For use of administration in the faculty of graduate studies:**

|  |  |
| --- | --- |
| **🞎 notes about treatment** | **🞎 all information provided above are correct and accurate** |
| **Date** | **Signature** |

|  |
| --- |
| Important notes |
| 1. The student must turn in this form to the head of the specialized department, after getting it signed by the faculty of admission and the financial services, at least three weeks prior to the date of the discussion. |
| 2. The specialized department must attach this form with the recommendation decision to form the discussion committee  |