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| --- | --- |
| **Candidate's Information:** | |
| Full Name: | Email: |
| Student Number: | Mobile: |
| Master/PhD Program's Name: | Coordinator Full Name: |
| Master/PhD Thesis Title:  Arabic:  English: | |

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| --- | --- |
| **Result of Defense Evaluation and Discussion: Please choose one of the followings:** | |
|  | Pass with No Revision |
|  | Pass with Minor Revision |
|  | Pass with Major Revision (attach a separate sheet of required changes) |
|  | Fail |

|  |
| --- |
| **Thesis Title Changes required: (Yes/No) if yes what is the new proposed Title:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Approvals:** | | |
| Signature |  | Full Name |
|  | Head of Committee/ Main Supervisor |  |
|  | Co-Supervisor |  |
|  | External Examiner |  |
|  | Internal Examiner |  |

Day:

Date of Thesis Defense:

**Approval of Dean of graduate studies and scientific research:**

**Signature:**

**Date:**