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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: |

|  |
| --- |
| **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 |

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| --- |
| **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:**