DEANSHIP OF GRADUATE STUDIES AND SCIENTIFIC RESEARCH

THESIS COMMITTEE MEMBER EVALUATION FORM

Student's Name:	ID Number:
College:	Department:
Program of Study:	Date:
Thesis Title:	

Committee Member Recommendations

Referring to my assignments as an examiner for the thesis mentioned above, I would like to inform you that I received the proposed thesis and after reading it, I have the following comments

Comments:

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Hence, my recommendation is

☐ Ready for the defense ☐ Not Ready for the defense

Committee Member Name and Signature	**Date:** / /
Note: This should be submitted at least by 1 week before the defense date	

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.