

Office of the Registrar



Master's Thesis Approval

Date: ___/___/____ (DD/MM/YYYY)

Student Name: _____
 First Middle Last

Student ID Number: Program: _____

Thesis Information:

Full Thesis Title _____

Number of Supplementary Files (if any): _____

Supplementary File Details

- 1) _____ 2) _____
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Approval of Thesis

We the members of examination committee certify that we have examined this thesis and supplementary material. We approve it as satisfying for the requirement for the Master Degree for the KAUST

| Committee Chair Name: | Signature | Date |
|------------------------|-----------|-------|
| _____ | _____ | _____ |
| Committee Member Name: | Signature | Date |
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| Committee Member Name: | Signature | Date |
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| _____ | _____ | _____ |

Graduate Program Coordinator:

This Thesis meets the editorial guidelines for the University

Date: ___/___/____

Thesis Clerk Signature: _____

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