

# 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) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

### 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
_____	_____	_____
Committee Member Name:	Signature	Date
_____	_____	_____
Committee Member Name:	Signature	Date
_____	_____	_____

### Graduate Program Coordinator:

This Thesis meets the editorial guidelines for the University

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Thesis Clerk Signature: \_\_\_\_\_

Thesis and supplementary files (if any) was submitted to the library on

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Enter the last 6 digits of the URI:

--	--	--	--	--	--

<http://hdl.handle.net/10754/>

### Comments: (for official use only)

\_\_\_\_\_

### Registrar's Office use only:

The MS degree requirements are now completed

Received by:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved  Yes  No

Processed by:

\_\_\_\_\_ Date: \_\_\_\_\_

**Office of the Registrar**

Master's Thesis Approval

