



Form No. (.....)

THESIS ACCEPTANCE FORM

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.....

Titled:

In (his/her) completion of the requirements for obtaining a Master's degree in:

..... (Specialization),

Department of:,

Faculty of:

On:(dd) /(mm) /(yyyy)

Name:	Signature:	Date of Discussion:	Title
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Member (1)			Head of the Discussion Committee
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