



Form (.....)

Thesis Discussion Committee Decision

Student Name:Student No:

Faculty Name: Department:

Program Name:

Thesis Title:

The Discussion Committee met on:

(day and date)..... in Hall no. (hall/room no.)

Upon discussing the student whose details are stated above in public, the discussion committee recommends the following:

.....

The student awarded grade: In the thesis subject:

.....

Without making any changes to the thesis.

After making the modifications attached with this decision.

Members of the Discussion Committee Approval:

	Name	Signature
1.Chairman of Examiners Committee (External Examiner)
2. Internal Examiner Member
3. Internal Examiner Member
4. Thesis Supervisor