

The Libyan International Medical University (LIMU) Postgraduate Studies and Researches Administration

Form (....)

Thesis Revise Form

Faculty:	•••••
Department:	
Program Name:	
Date:	
Student Name:	
Thesis Title:	
Supervisor Name:	

The title in Arabic has been discussed and matched with the approved title which the Student registered	Supervisor Signature:	
with the approved the which the stadent registered		
The title in English has been discussed and matched	Supervisor Signature:	
with the approved title which the Student registered		
The summary in Arabic has been revised	Supervisor Signature:	••••••
The summary in English has been revised	Supervisor Signature:	
The Thesis has been entirely revised and all	Supervisor Signature:	
amendment(s) have been verified	Internal Examiner Signature:	
Department's Committee Approval	Department Head Signature:	
Faculty's Postgraduate Committee Approval:	Faculty's Postgraduate Studies	
raculty s rosigiaduate Committee Approvai.	Coordinator Signature:	•••••••••••
Faculty's Council Approval:	Faculty's Dean Signature:	•••••
Scientific Research and Postgraduate Studies	Scientific Research and	
	Postgraduate Studies' Dean	
Deanship Approval	Signature:	