



## Thesis Discussion Committee Assignment Form

Form Code: UDNGS011

<b>Student Name:</b>		<b>Student ID. No.</b>	
<b>Program:</b>			
<b>Department:</b>			
<b>College:</b>			
<b>GPA:</b>		<b>Supervisor Name:</b>	
<b>Thesis Title:</b>			

Upon Graduate Studies Committee recommendation in the department, approving the superior's report regarding the validity of the thesis for discussion (attached), and in accordance with the Department Council decision number \_\_\_\_\_, dated \_\_\_\_\_, and in accordance with the College Council decision number \_\_\_\_\_, dated \_\_\_\_\_.

The committee suggests the following as the Discussion Committee for the student:

1.	<b>Supervisor Name:</b>		<b>Academic Rank:</b>	
2.	<b>Internal Examiner:</b>		<b>Academic Rank:</b>	
3.	<b>External Examiner:</b>		<b>Academic Rank:</b>	
	<b>University/Country:</b>		<b>Nationality:</b>	
4.	<b>External Examiner (Stand by1)</b>		<b>Academic Rank:</b>	
	<b>University/Country:</b>		<b>Nationality:</b>	
5.	<b>External Examiner (Stand by2)</b>		<b>Academic Rank:</b>	
	<b>University/Country:</b>		<b>Nationality:</b>	
• Attach CV.				

Approved By:

<b>P.G. Dept. Coordinator:</b>		<b>Sign.:</b>		<b>Date:</b>	
<b>Department Head:</b>		<b>Sign.:</b>		<b>Date:</b>	
<b>College Dean:</b>		<b>Sign.:</b>		<b>Date:</b>	