



Thesis Modification Approval Form

Form Code: UDNGS017

Student Name:			
Student ID. No.			
Department:			
College:			
Thesis Title:			
Supervisor Name:		Student GPA:	

We would like to report that the student has carried out all the required modifications made by the discussion committee. Upon this, we recommend awarding the student a grade _____, in the thesis course number _____ based on Discussion Committee recommendation _____.

Endorsement:

SN	Academic Title	Name	Signature	Date
1.	Advisor			
2.	Internal Examiner			
3.	Department Coordinator			
4.	Department Head			
5.	College Dean			