



Physical Science & Engineering Division

Request to Form Thesis Committee & Defend MS Thesis

Today's Date: ___/___/___ (MM/DD/YYYY)

Student Name: _____

KAUST ID:

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Program _____ Degree _____ Entry Year _____ Entry Semester _____

Title or brief description of the research topic:

Thesis Defense Date _____ (MM/DD/YYYY) Student Signature _____

Thesis Committee Membership

The MS Thesis Defense Committee must consist of at least three members, and typically includes no more than four members.

Member	Role	Program Status
1	Committee Chairperson (MS Thesis Advisor)	Within Program
2	Faculty	Within Program
3	Faculty or Approved Research Scientist	Outside Program
4	Additional Faculty (Optional)	Inside or outside KAUST

Agreement to serve on MS Thesis Committee

_____	_____	_____	_____
MS Thesis Supervisor	Program	Signature	Date (MM/DD/YYYY)
_____	_____	_____	_____
Committee Member (Co-Supervisor <input type="checkbox"/>)	Program	Signature	Date (MM/DD/YYYY)
_____	_____	_____	_____
Committee Member	Program	Signature	Date (MM/DD/YYYY)
_____	_____	_____	_____
Committee Member	Program	Signature	Date (MM/DD/YYYY)

***PLEASE SUBMIT THIS FORM TO YOUR GRADUATE PROGRAM COORDINATOR**

Approvals

_____	_____	_____
Program Chair	Signature	Date (MM/DD/YYYY)
_____	_____	_____
Dean	Signature	Date (MM/DD/YYYY)