



## Request to form MS Thesis Committee

Student: please submit this form to your graduate program coordinator

Student Name: \_\_\_\_\_  
KAUST ID Number: \_\_\_\_\_  
Degree Program: \_\_\_\_\_

Title or brief description of topic:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Your Thesis Committee must include the following members:

- First member/Chair: Your supervisor - full time KAUST faculty member
- Second member: Full time KAUST faculty member (within your degree program)
- Third member: Full time KAUST faculty member or Approved Research Scientist (outside your program)

**Note:** You can add a fourth member with your supervisor's agreement.

### **Agreement to serve on this Committee - Signatures:**

_____ Name of MS Thesis Supervisor	_____ Position	_____ Program/Institute	_____ Signature	_____ Date
_____ Name of Co-supervisor (If applicable)	_____ Position	_____ Program/Institute	_____ Signature	_____ Date
_____ Name of Committee Member	_____ Position	_____ Program/Institute	_____ Signature	_____ Date
_____ Name of Committee Member	_____ Position	_____ Program/Institute	_____ Signature	_____ Date

Please note: *Submission of this form does not guarantee approval.*

### **For Official Use Only**

\_\_\_\_\_  
Name of Dean

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date