

Request to form PhD Research Proposal Defense 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 Proposal Defense Committee must include the following members:

- Supervisor/Chair: Full time KAUST faculty member
- Second member: Full time KAUST faculty member within your program
- Third member: Full time KAUST faculty member outside your program

Note: You can have more members if you Supervisor deems it necessary.

Agreement to serve on this Committee - Signatures:

Name of PhD Dissertation 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

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