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| **Semester:**  **Date:**  **Please deliver a copy to the program administrative assistant** |

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|  | ▶**Formation of Thesis Defense Committee**  **Student Name: Student ID:**  **Student AUC email address:**  **Program: Middle East Studies Center**  **Thesis Title:**  **Thesis Supervisor Name: Signature:**  **First Reader Name: Signature:**  **Second Reader Name: Signature:**  **FOR EACH EXAMINER/READER EXTERNAL TO AUC**  **PLEASE ATTACH AN UPDATED RESUME** |

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|  | **MESC Director Signature:**  **Student Signature:** |