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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:**  |