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

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|  | ▶**Approval of Thesis Supervision**Student Name: Student ID:Student AUC email address:Faculty Member Name: Program: Middle East Studies Thesis Title:  |

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|  | **I hereby approve being the thesis supervisor for the above student on the thesis topic <Thesis Title>**Thesis Supervisor Name: Signature: First Reader Name: Signature:Second Reader Name: Signature: MESC Director: Siganture:  |