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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: |