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|  | ▶**Thesis Defense Approval**  Student Name: Student ID:  Student AUC email address:  Thesis Supervisor Name: Program:  Graduate Program Director Name:  Thesis Title: |

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|  | **In my capacity as thesis supervisor for the above student, I hereby confirm that the thesis with the title is ready for defense.**  **Thesis Supervisor Signature:**  **Graduate Program Director Signature:**  **Student signature:** |