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|  | ▶**Thesis Re-examination**  **Student Name: Student ID:**  **Student AUC email address:**  **Program:**  **Thesis Title:**  **Thesis Supervisor Name:**  **Thesis Co-supervisor(s) Name(s):**  **Thesis Defense Moderator Name:**  **External Examiner/First Reader Name:**  **Internal Examiner/Second Reader Name:** |

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|  | **The Thesis need to be re-examined for the following reasons:**  **1.**  **2.**  **3.**  **Etc…**  **Requirements for updating the thesis and having another defense:**    **Thesis Supervisor Signature:**  **Thesis Co-supervisor(s) Signatures:**  **External Examiner/First Reader Signature:**    **Internal Examiner/Second Reader Signature:** |