|  |
| --- |
|  |

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

|  |  |
| --- | --- |
|  | **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:** |