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|  | ▶**Formation of Thesis Defense Committee**  **Student Name: Student ID:**  **Student AUC email address:**  **Program:**  **Thesis Title:**  **Thesis Supervisor Name:**  **Thesis Co-supervisor(s) Name(s):**  **Thesis Defense Moderator Name (if applicable):**  **External Examiner/First Reader Name:**  **Affiliation and Rank:**  **Internal Examiner/Second Reader Name:**  **Affiliation and Rank:**  **FOR EACH EXAMINER/READER EXTERNAL TO AUC**  **PLEASE ATTACH AN UPDATED RESUME** |

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|  | **Thesis Supervisor Signature:**  **Graduate Program Director Signature:**  **Student Signature:** |