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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:**  |