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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:**  |