

THE AMERICAN UNIVERSITY IN CAIRO
Office of the University Registrar

Thesis Proposal Approved Document
Masters Degree Students

Student Name: ----- SID: -----

Degree: ----- Major: ----- Term: -----

University Policy: "Copies of the proposal approval document must be kept in the department of major and forwarded to the Office of the University Registrar"

Thesis Proposal Title:

Thesis Proposal Requirements

Student's signature: ----- Date:-----

Approval of the Thesis Supervisor(s):

1-----2 ----- Date-----

Approval of the Graduate Advisers:

----- Date -----

Approval of the Department Chair:

----- Date -----

