**REQUEST FOR MASTER’S THESIS REGISTRATION \***

### AC / 1 T

(This form should be submitted to the CGS within 3 weeks from the beginning of the semester that the student

 currently registered in Thesis)

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|  |
| Student’s name: |  |  Student’s No:  |  |
|  |  |  |  |
| Program: |  |  Area:  |  |
| E-mail:  |  |  Tel. No.: |  |
| G.P.A.:  **(2.67 at least)**  | No. of Semesters/Year: |  |  |
|  Time Status: | [ ]  Full time [ ]  Part time | Cumulative credits earned:  |  Credits **(at least 12 credits)** |
|  |  |  |  |
|  |
| **PART A -To be completed by student’s Supervisory Committee:** |
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|  |  |
| --- | --- |
| Main Supervisor's Name:   | Univ. ID. No.:       |
| Academic Rank:  | Department/College: |  |
| Area of Specialization:   | E-mail:  |

 |
|  No. of students being Supervised: [ ]  as main Supervisor [ ]  as Co-Supervisor [ ]  as Project Supervisor No. of students for the Supervisor: [ ]  as for thesis [ ]  as for Dissertation [ ]  as for Project  No. of students for the Supervisor: [ ]  as for thesis [ ]  as for Dissertation [ ]  as for Project  |
| **Please enclose a letter of justification for nominating a Co-Supervisor (if applicable)** |
|  |  |  |
| Co-Supervisor's Name: |       | Univ. ID. No.:       |
| Academic Rank:  | Department/College: |  |
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|  |  |
| --- | --- |
| Area of Specialization:   |  E-mail:  |

 |
| No. of students being Supervised: [ ]  as main Supervisor [ ]  as Co-Supervisor [ ]  as Project Supervisor |
| Signature of Student's: |       | Date: |       |
|  |  |  |  |
| Signature & seal of Supervisor's: |       | Date: |       |
|  |
| Signature & seal of Co-Supervisor's: |       | Date: |       |
|  |
|  |  |  |  |
| **PART B - Program Director** |  |  |  |
|  |  |  |  |
| [ ]  Approved | [ ]  Not Approved |  |  |
|  |
| Remarks:       |
|  |  |  |  |
| Signature & seal of Program Director:       |  | Date: |       |
|  |
|  |
| **PART C - College of Graduate Studies:**  |
|  |
| **Is the student exempted from taking the Comprehensive exam?** **[ ] Yes** **[ ]  No**  |
|  |
| Remarks:       |
|  [ ]  Approved [ ]  Not Approved |
|  |  |  |  |
| Signature of Vice Dean for Academic Affairs:       | Date: |       |
|  |  |  |  |

\*The student is only allowed to register after passing one semester, and **12** credits, with G.P.A. **2.67** or above.

 \*Form **AC/2 T** entitled “**Thesis Research Proposal & Budget**” should be completed and submitted to CGS via the Program Director**, within 5 weeks from the beginning of the semester.**

 \*Please note that the maximum budget allocated for thesis is KD **1000/-** only for all programs (except for Medicine & Molecular Biology it is KD **2000/-** only).

 \*Form **AC/3** “**Change of Supervisory Committee & Request for Changing Study Option for Master’s**”

 should be used whenever there is a change of the Supervisor or Co-Supervisor and /or change in study option.

 \*In justifiable cases, only one Co-Supervisor can be added.

 **Copies to be sent after CGS approval to:**

 -Program Director.

 -Supervisory Committee.

 **Original in the student's CGS files. AC / 1T (Fall 2014/2015)**

**Notes**

1 of 1

2. Form AC/2 entitled “Thesis Research Proposal & Budget” should be completed and submitted to the College of Graduate Studies together with this form or afterwards but before the end of the current semester.

3. Form AC/3 entitled “Change in Supervisory Committee” should be used whenever there is a change in the name of the supervisor or co-supervisor.

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 minimum of 12 approved course credits with a GPA of not less than 2.67.

1. The student will only be allowed to register for thesis after completing at least one semester and passing a

1 of 1