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**Study Extension for Thesis Defense Application (Master) (M17)**

**Note:** The request to extend the duration of the study for the purposes of the thesis defense is for one semester only for Master students and immediately begins from the last date allowed for the student to study.

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| Student Name |  | | | | | | | | | | | | | |
| ID No. |  |  |  |  | |  |  |  |  |  | Program | | |  |
| Department |  | | | | | | | | | | College | | |  |
| Student Signature |  | | | | | | | | | | Mobile No. | | |  |
| Proposal Approval Date | | | | |  | | | | | | Academic Year/Semester | | |  |
| Thesis Title (English & Arabic) | | | | | | | | | | | | | | |
| English: | | | | | | | | | | | | | | |
| Arabic: | | | | | | | | | | | | | | |
| Last Studied Semester | | | | | | | | | | | |  | | |
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| Supervisor’s Opinion Regarding Thesis Defense and Student’s Commitment | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Supervisor Name | | | | | | Signature | | | | | | | Date | |
|  | | | | | |  | | | | | | |  | |
| **Approval of Academic Department Head** | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | Date | |
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| **Approval of Dean of College of Graduate Studies and Scientific Research:** Comments & Signature | Date |
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**A Copy to**

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| 1. Concerned Department Head | 1. Registration Department | 1. Student’s File |