

Thesis Supervisory Committee Appointment Form

Student Name:

Student ID:

Department:

Student ORCID #:

Thesis Title:

Only appoint individuals who have agreed to serve. (and preferably who have Graduate Faculty Supervisory Status). Kindly note that the Supervisor **MUST** be a QU Faculty member with Graduate Faculty Supervisory Status.

Please include postal address of members outside of Qatar University

Committee Members (minimum 3):

Name

Signature

1. Main Supervisor/ Chair

2.

3.

4.

5.

The nomination for External Examiner Form was submitted on [] to the Office of Associate Dean for Research and Graduate Studies.

APPROVED:

Signature & Date, Department Chair

Associate Dean for Research & Graduate Studies

All graduate forms should be submitted to the Office of the Associate Dean for Research and Graduate Studies in the relevant college. The Associate Dean will forward forms to the Office of Graduate Studies.

cc: Chair, Advisor, Student