

## Department of postgraduate studies

THESIS APPROVAL FORM				
Student Name:	I.D. Nb.:			
Thesis Title: The undersigned certify that he/she has examined the partial fulfillment of the requirements for the degree of: in the major of				
Supervisor Name:				
Signature:	Date:	1	1	
1 <sup>st</sup> Examiner Name:				
Remarks:				
Signature:	Date:	/ y	/ Month Y	/ear