

Kingdom of Saudi Arabia
Ministry of Education
Shaqra University
University Agency for Postgraduate
Studies and Scientific Research
Executive Management of Graduate
Studies

Data of a faculty member nominated to discuss a scientific thesis. Master's / Doctorate

the name	Nationality
The university where he obtained his PhD	Academic degree
General specialization	Subspecialty
Date of last degree	Number of messages currently
obtained	supervised
Number of master's theses supervised	Number of PhD theses supervised
Number of published	The scientific institution he
research papers*	currently works for**
Candidate's address	The city
mailbox	zip code
e-mail	Mobile

Name:	the signature:
Approval of the head of the relevant depa	artment in which the thesis will be
discussed:	
President's name Section:	signature :

The form is filled out by the nominated faculty member. For discussion:

*Attach the candidate's CV.