



Kingdom of Saudi Arabia

Ministry of Education

Shaqra University

University Agency for Postgraduate

Studies and Scientific Research

Executive Management of Graduate

Studies

Scientific thesis submission form for Shaqra University Central Library

Student's name: **ID number:**

College: **Section:**

University number: **University email:**

Message title:

Academic degree:

Thesis discussion year:

Exclusive to Shaqra University Central Library staff

Employee Name: **Scientific message number:**

the signature

the date