

Kingdom of Saudi Arabia

Ministry of Education

Shaqra University

University Agency for Postgraduate Studies and Scientific Research

Deanship of Graduate Studies



Shaqra University Authorization Form

Dear Head of Department /

May the peace, mercy, and blessings of God be upon you.

Yes, Student: University Number: and Civil Registry Number: Graduate of the stage, and the exact specialization:

From the scientific department: and the faculty:

I authorize Shaqra University, represented by the Deanship of Graduate Studies, to provide copies of my thesis/dissertation, which is entitled:

(.....)

To libraries, institutions, organizations or individuals as deemed appropriate by the Deanship of Graduate Studies. This is my authorization and acknowledgement of this.

the name:

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the date: