AMERICAN UNIVERSITY OF BEIRUT

Faculty of Arts and Sciences

Department of _____

Thesis Proposal

Student Name :	Student ID :
Address/Box :	Phone No. :
Date Submitted:	Email :

I. Title:

II. Examining Committee (professorial rank only*)

Advisor:
Rank : Signature

Member:
Rank : Signature

Member:
Rank : Signature

Member:
Rank : Signature
(if from outside AUB, please attach CV)

III. Chairperson's Approval

Name: Signature

IV. Thesis Proposal
[Here goes your abstract and reference list]

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* IF other than professorial rank faculty are involved, special permission from the office of the Dean should be secured