



Kharazmi University

Bureau of International Scientific Cooperations

DEFENSE EXAM REPORT

CANDIDATE INFORMATION		
STUDENT NAME		
STUDENT ID		
DEPARTMENT		
FACULTY/SCHOOL		
THESIS/DISSERTATION TITLE		
COMMITTEE MEMBERS		
Supervisors/Advisors	Name:	Affiliation:
Defense Chair	Name:	Affiliation:
Internal Examiner(s)	Name:	Affiliation:
External Examiner(s)	Name:	Affiliation:
Graduate Department Officer		
Date	Time	
Location		
VERDICT		
The thesis/dissertation is qualified	<input type="checkbox"/>	
The thesis/dissertation needs revision	<input type="checkbox"/>	
The thesis/dissertation is disqualified	<input type="checkbox"/>	
Comments:		



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The undersigned hereby declare and certify their.....of the student's application
for the degree of

Supervisor/Advisor.....Date

Signature

Defense Chair.....Date
Signature

Graduate Department Officer.....Date

Signature