



ALBUKHARY INTERNATIONAL UNIVERSITY

Centre for Graduate Studies (CGS)

### Nomination of Thesis Examiner's Panel

School/Centre :

**(I) Student Details**

Name :

Student ID :

Date of Registration :

Program :

Field of Study :

**(II) Supervision of Thesis Details**

Title of Thesis :

Expected Date of Submission :

Supervisor :

**(III) Nomination of Thesis Examiner's panel**

Chairman :

Internal Examiner :

External Examiner 1\*\* :

External Examiner 2\*\* :

*\*\* Please provide CV/Resume, address, telephone and fax number and email of external examiners*

Approved By:

\_\_\_\_\_  
Dean / Director of Faculty /Institute

\_\_\_\_\_  
Date

**Official Stamp and Signature**