**DOCTORAL DISSERTATION MONITORING REPORT**

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| Department: | Term of the Report: Fall ( ) /Spring () |
| Program: | Report Number:  |
| Candidate’s Name-Last Name: | Report Date: / /20 |
| Student’s Number: | Candidate’s Signature: |
| Dissertation Title: |
| Dissertation Title Change:  |

THESIS REPORT (All fields must be completed)

A- HAS THE CANDIDATE MADE THE CORRECTIONS SUGGESTED IN THE PREVIOUS TERM?

B- HAS THE CANDIDATE CONDUCTED SUFFICIENT RESEARCH IN THE CURRENT TERM?

C- WILL THE RESEARCH PLANNED FOR THE COMING TERM ENABLE THE PROGRESS OF THE PROJECT?

**Thesis Monitoring Committee**

Member 1 (Thesis Supervisor): Successful Failed Signature:

Member 2 : Successful Failed Signature:

Member 3 : Successful Failed Signature:

 Unanimously By majority