



Thesis Information Form

Islamic Azad University, UAE Branch

For Official Use:

Proposed Title for Thesis:	
Student's Full Name:	Thesis Registration Year:
ID Number:	Thesis Registration Semester:
Major:	Thesis Credit Hours:
Specialization:	
Supervisor's Full Name:	Academic Rank:
Supervisor's Code:	Degree:
Number of Theses being Supervised:	
Number of Theses being Advised:	
Signature	
Advisor's Full Name:	Academic Rank:
Advisor's Code:	Degree:
Number of Theses being Supervised:	
Number of Theses being Advised:	
Signature	
<p>Note: In cases where the implementation of a thesis requires the facilities of other institutes and research centers outside the university, upon suggestion of the thesis supervisor and approval of respective department as well as the research committee, appointing an advisor would be applicable.</p>	

Head of Respective Department

**Vice Chancellor
Research & Technology**

Signature

Signature