



CENTRE FOR POSTGRADUATE STUDIES

APPEAL FOR WRITING THESIS IN ARABIC

Semester Session /

INSTRUCTIONS

To Candidate:

1. **To determine your eligibility to write your thesis in Arabic Language, you must ensure that you have fulfilled the following criteria's:**
 - i. I have advance level of proficiency in Arabic or my mother tongue is Arabic and I had done my first degree programme in Arabic
 - ii. Majority of sources/references of my thesis is in Arabic
 - iii. Availability of a supervisor(s) in the area of specialization
2. Please complete Section A and include abstract of your research together with the transliteration of the title. Submit this form to the proposed supervisor(s) and/or, Head of Department of your Kulliyah/Institute.

NOTE:

Please complete the (CPS/adm04) form if you have any changes in your personal particulars (such as e-mail address & mobile phone number)

To Deputy Dean (Postgraduate) of the Kulliyah/Institute

Please complete Section D and forward to the Dean, Centre for Postgraduate Studies

SECTION A : TO BE COMPLETED BY THE CANDIDATE

Name:	Matric No.:
Programme :	Telephone No.:
Mode of Programme:	
<input type="checkbox"/> Coursework & Dissertation (English Language Entry Requirement Band 6.0) <input type="checkbox"/> Research Only (English Language Entry Requirement Band 3.0)	
Justification for this application. <i>Please use additional paper if necessary.</i>	
Student Signature:	Date:

SECTION B1 : TO BE COMPLETED BY THE PROPOSED SUPERVISOR(S)

Suitability of proposed title of research: Agree <input type="checkbox"/> Disagree <input type="checkbox"/>
Remarks:.....
Signature and Stamp _____ Date _____

SECTION B2 : TO BE COMPLETED BY THE PROPOSED CO-SUPERVISOR (IF APPLICABLE)

Suitability of proposed title of research: Agree <input type="checkbox"/> Disagree <input type="checkbox"/>	
Remarks:.....	
_____	_____
Signature and Stamp	Date

SECTION C : TO BE COMPLETED BY THE HEAD OF DEPARTMENT (IF RELEVANT)

Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	
Remarks:.....	
_____	_____
Signature and Stamp	Date

**SECTION D : TO BE COMPLETED BY THE DEPUTY DEAN (POSTGRADUATE) OF THE KULLIYAH/
INSTITUTE**

Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	
Remarks:.....	
_____	_____
Signature and Stamp	Date

OFFICE USE (CENTRE FOR POSTGRADUATE STUDIES)

Date Recieved	Action / Remarks