To the Graduate School of Social Sciences,

I am a student in the MA program of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . I have completed the requirements to defend my Master’s Thesis. I kindly request the scheduling of a thesis defense.

**To be completed by the student**

|  |  |
| --- | --- |
| Student first and last name |  |
| Student registration number |  |
| Thesis title |  |
| Student signature |  |

NOTE: Enclose a transcript, a copy of your thesis and the Turnitin originality report approvaed by your thesis advisor.

**To be completed by the Thesis Advisor and the Department Chair**

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| Following names are suggested for the thesis defense committee of the student.  |
| Thesis advisor approval |  |
| Thesis co-advisor approval |  |
| Department chair approval |  |
| Proposed defense date and time |  |

**Thesis Jury Proposal**

|  |  |  |  |
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| **MEMBERS** | **FIRST AND LAST NAME** | **FACULTY** | **UNIVERSITY/ INSTITUTION** |
| Thesis advisor |  |  |  |
| Thesis co-advisor |  |  |  |
| Thesis supervision committee member |  |  |  |
| Thesis supervision committee member |  |  |  |
| Member |  |  |  |
| Member |  |  |  |
| **ALTERNATE MEMBERS** | **FIRST AND LAST NAME** | **FACULTY** | **UNIVERSITY/ INSTITUTION** |
| Member |  |  |  |
| Member |  |  |  |