

SAGESSE UNIVERSITY

Faculty of Business Administration and Finance

MBA Thesis Defense Request (FORM C)

Student's Full Name: ID

Student's Concentration:.....

Supervisor's Name:

Thesis Title:
.....

Total Number of Pages: Defense Requested Date:.....

Note: Please attach the abstract to this form signed by the supervisor

Signatures and Dates:

Student Supervisor Reader
Date Date Date

For Office Use Only:

Defense Assigned Date and Time:.....

Place:.....

Reader's Name:.....

Academic Department Date

Approval: Dean Date