LAU
Adnan Kassar
School of Business

MSHRM - Thesis Final Approval Form

Student Name: _____

Student I.D.: _____

Thesis Title:

_____

_____

Program/Department: _____

School: _____

Approved by:

Thesis Advisor: _____

Committee Member: _____

Committee Member: _____

Date: _____

Cc: Thesis Advisor, Director of MSHRM, Student (original copy), and School Dean

*To be filled after the defense