

Policy:

Students pursuing the thesis option should have at least a 3.2 cumulative GPA. All thesis applications require approval of the dean.

Students will be expected to complete their thesis by the end of the third semester (not including summer session). Students who require additional time to complete their thesis will be required to apply for an extension. The selected academic advisor must be a full time program-affiliated assistant, associate or full professor at KAUST. This advisor can only become project affiliated for the specific thesis project with program director approval.

Students who withdraw from the thesis option will be required to complete a thesis withdrawal form. Students who withdraw from the thesis option after the last day to drop will receive a W on their official record.

For more information, please check the [Program Guide](#) on the Registrar's website.

Instructions:

- To apply for thesis, complete sections **A, B** and send to your GPC or RegistrarForms@kaust.edu.sa for further processing.
- To withdraw a thesis specialization, complete **D** of the existing form and sign it via DocuSign for further processing. (Only for programs that have thesis specialization as an option).
- Note: Registration may be updated to reflect thesis credits.

Section A: Student information

Student Name _____ KAUST ID _____

Program _____ (e.g. AMCS) Degree/ _____ (e.g. M.Sc./Ph.D.) Semester _____ Year _____

Student's signature _____ Date _____ (DD-MMM-YYYY)

Section B: Thesis Proposal

Please write a well-constructed thesis proposal endorsed by the academic advisor, including a time line for completion not to exceed three semesters (not including summer session).

Section B: Thesis Proposal

Timeline for thesis progress: (in line with start and end dates of semesters/session)

Thesis Start Date

Projected End Date

*Check this box only if your thesis supervisor is not your existing academic advisor,

New Advisor/Co-Advisor Name _____ (Must be affiliated with the program)

Section C: Official use

As the academic advisor, I confirm this proposal is academically viable and can be completed within the projected timeline.

Signature

Date

Academic Advisor _____

*New Academic Advisor _____

*Academic Co-Advisor _____

Graduate Program Coordinator _____

Dean (or designee) _____

Section D: Reason for withdrawing from thesis specialization

Student's signature _____

Date _____ (DD-MMM-YYYY)

Section E: Official use (only for thesis withdrawal request)

Signature

Date

Academic Advisor _____

Graduate Program Coordinator _____

Dean (or designee) _____
