



AMERICAN UNIVERSITY OF BEIRUT

Faculty of Arts and Sciences

Department of _____

Project Proposal

Student Name :

Student ID :

Address/Box :

Phone No. :

Date Submitted:

Email :

I. Title:

II. Examining Committee

First Reader:

Rank

Signature

Second Reader:

Rank

(if from outside AUB, please attach CV)

Signature

III. Chairperson's Approval

Name:

Signature

IV. Project Proposal

[Here goes your abstract and reference list]