

Date: __ / __ / 20__

NOMINATION OF SUPERVISORY COMMITTEE AND RESEARCH TITLE

Part A: To be Completed by Student

1. Full Name: _____
2. Semester No: _____
3. Student No: _____
4. Program: _____
5. Field of Study: _____
6. Faculty: _____
7. Status: _____
8. CGPA: _____
9. Research Title: _____

10. Research Proposal: _____

Part B: To be completed by the Department

Assigned Supervisor:

Head of Department:

Faculty Dean:
