

SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

SEMESTER: _____ SESSION: ____

APPLICATION FOR ADDITIONAL SUPERVISOR/MENTOR

INST	TRUCTIONS
	on Applicant on A and follow the instructions:
r lease complete section	on A and follow the instructions.
(i)To Be Complete By	the Current Supervisor/Mentor
Submit this form to current su	pervisor/mentor for completed purpose
(ii) To Additional Superviso	or/Mentor for the Accepting purpose
	pervisor/Mentor for the Accepting purpose
	IS/PhD (Management Programme) Sukkur IB
Ţ	University
GT GTT 0.3.	
SECTION A	
(To be completed by applicant)	
1. Name:	2. Registration No:
3. Mailing Address:	4. Telephone:
	Home:
	Office:
	Mobile:
5. Department:	6. Email:
7. Programme:	8. Mode of Study:
	□ Full-time
	☐ Part-time
9. Current Structure of Study:	
□ Course work	
☐ Course work and Thesis/Disserta	ation
□ Research	
10. Title of Thesis/Dissertation:	
10. The of Thomas Dissertation.	

Date: Date:		. Reason for Additional Supervis (Please use additional paper if t			
(To be completed by the current Supervisor/Mentor) Comments: Agree Not Agree Signature and Stamp:	12.	. Applicant's Signature:		Date:	
Agree Not Agree Signature and Stamp:			ıpervisor/Mentor)		
Signature and Stamp:	Comr	ments:			
Signature and Stamp:					
Signature and Stamp: Date: Name: SECTION C (To be completed by the accepting additional Supervisor/Mentor) Comments: Agree Not Agree Signature and Stamp: Date:					
Name:					
SECTION C (To be completed by the accepting additional Supervisor/Mentor) Comments: Agree Not Agree Signature and Stamp: Date:		Signature and Stamp:		Date:	
Comments: Agree Not Agree Signature and Stamp: Date:		Name:			
☐ Agree ☐ Not Agree ☐ Signature and Stamp: Date:			additional Supervi	isor/Mentor)	
☐ Agree ☐ Not Agree Signature and Stamp: Date:			Comments:		
□ Not Agree Signature and Stamp: Date:					
□ Not Agree Signature and Stamp: Date:	П	Agree			
		•			
Name:		Signature and Stamp:		Date:	
		Name:			

SECTION D

(To be completed by the Coordinator MS/PhD for approval)

Comments:			
			
□ Approved□ Not Approved			
		Data	
_	e and Stamp:	Date:	
SECTION E (To be complet Comments:	ted by the Dean/Vice-C	hancellor for approval)	
☐ Approved☐ Not Appr			
Signature and S	tamp:	Date:	
Name:			
FOR OFFICIA	AL USE		
Signature	e and Stamp:	Date:	