SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

APPLICATION FOR DATA COLLECTION

	Assignment/ Project Paper		**Thesis**

PROGRAMME:	
COURSE:	COURSE CODE:
SUPERVISOR'S NAME:	
LETTER TO WHOM:	

NAME OF STUDENTS:

No.	REGISTRATION NO:	MODE OF STUDY	NAME	MOBILE NO:

Applicant's Signature: _____   Date: _____

FOR COORDINATOR MS/PHD (MGT) OFFICE USE

☐ Approved
☐ Rejected

Signature and Stamp: _____ Date: _____

Name: _____