

SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

APPLICATION FORM FOR THESIS/SEMINAR RESEARCH PAPER

Name :_				
Registration No :_				
Programme :				
Semester :_				
Course Code :				
			Telephone:	.
TOPIC				
Proposed Supervisor(s) : :				
SUPERVISOR(S) (Pleas	se Tick)	Signature and Stan	np	Date
1 st Supervisor Agree/			_	
2 nd Supervisor Agree/	_			
APPROVAL BY COORDINATOR MS/PhD (Mgt)				
\Box Approved				
□ Not Approved				
Signature and Stamp)			Date
FOR OFFICIAL USE				
APPROVED/ NOT APPROVED				
Signature and S	tamp			Date