

SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

Supervisor Approval Form

MS/PhD in Management Sciences Program

Name	:		
Registration No	:		
Program	:		
Semester	:		
Email	: Telephone:		
Candidate's Sig	nature:		
TOPIC			
Proposed Supervisor(s) :			
	:		<u> </u>
SUPERVISOR(S) (Please Tick) Signature and Stamp			Date
1 st Supervisor Ag	ree/Disagree		
2 nd Supervisor Aga	ree/Disagree		
APPROVAL BY CO	ORDINATOR	MS/PhD (Mgt.)	
□ Not Approved			
Signature and Stamp			Date
Signature and Su			Build
		FOR OFFICIAL USE	
APPROVED/ NOT APPROVED			
Signature and Stamp			Date