PhD Supervisor Allocation Form

☐ Semester: Spring / Fall 20_____ ☐ Department: _____ ☐ Program: _____

☐ Student's Name: _____ ☐ Reg No: _____

☐ Email: _____ ☐ Mobile No.: _____

☐ Course Work Cr. Hrs. Completed: _____ ☐ CGPA: _____

☐ Comprehensive Exam Passed: YES ☐ NO ☐   ☐ Research Cr. Hrs. Registered: _____

☐ Area of Research: _____

_____

(Please attach a 2-page (about 1000 words) comprehensive research proposal).

Note:

1. A student must register his/her supervisor from the department before the 6th week of the semester in which research Cr. Hrs. are registered.
2. In case there is no supervisor from the department, then before consulting any supervisor outside the department student must get approval from the concerned Dean.

Date: _____   Student's Signatures: _____

☐ Proposed Supervisor's Name: _____

☐ Institution: _____

☐ **Supervisor's Willingness:** I agree to supervise the above-named student in the suggested research area.

Date: _____   Signatures: _____

☐ **Remarks by Dean:** _____

_____

RECOMMENDED / NOT RECOMMENDED

☐ The Supervisor is currently supervising: PhD students: _____   MS Students: _____

Date: _____   Signatures: _____

The application should be forwarded to the Graduate Office once recommended by the Dean.

ACTION AT GRADUATE STUDIES OFFICE

Approved / Not Approved: _____ by BASR in meeting No: _____

held on: _____