



Thesis Supervisor Appointment and Thesis Proposal Approval Form

Form Code: UDNGS023

Program:	
Department:	
College:	

Student Information

Student Name:		Student ID:	
Enrollment Date:		Current Credits:	
Studied Credits:		Cumulative GPA:	
Mobile No.			
E-Mail:			

Thesis Information

Thesis Title:			
Supervisor:		Academic Rank:	
Co-Supervisor (If any):		Academic Rank:	
Expected Completion Date:			

Attachments: (1) Thesis Plan Proposal. (2) Student Transcript. (3) Dept. & College Decisions

Additional Remarks: _____ Signature: _____

PG Dept. Coordinator:	<input type="checkbox"/> Approved	Sign.:		Date:	
Department Approval:	<input type="checkbox"/> Approved	Sign.:		Date:	
College Approval:	<input type="checkbox"/> Approved	Sign.:		Date:	