



ZIAUDDIN UNIVERSITY

FACULTY ADVISOR SELECTION FOR INDEPENDENT RESEARCH STUDY FORM (MS/M.PHIL. /PHD)

Name of Research Scholar: _____ Enrollment No.: _____

Degree Program: _____ Faculty: _____

Current Semester: _____ Date: _____

Tentative Research Topic /Area for Independent Research Study:

Name of Faculty Advisor: _____ Signature: _____

Designation: _____

Institution/Organization: _____

Contact No. _____ Email Address: _____

Name of Co- Faculty Advisor (if any): _____ Signature: _____

Designation: _____

Institution/Organization: _____

Contact No. _____ Email Address: _____

Student's Signature

Approval:

Director, Postgraduate

Date of Approval

Dean