



Supervisor Allocation Form for Ph.D Programs

1. Student's Information			
Name:			
Department:			
Registration No.:			
Date of Course Work Completion:		Comprehensive Exam (qualifying date & Status)	
Cr. Hrs. Studied		CGPA:	
Research Title:			
Student's Signature: _____ Date: _____			

2. Supervisor's Information			
Name & Designation:			
Institution:			
Highest Qualification:		Date of Degree Completion	
Area of Interest(s):			
No. of Thesis supervised:	MS/M.Phil: _____	Ph.D: _____	
Number of Students Currently Under Supervision:	MS/M.Phil: _____	Ph.D: _____	
Supervisor's Signature: _____ Date: _____			

3. Co-Supervisor's Information			
Name & Designation:			
Institution:			
Highest Qualification:		Date of Degree Completion	
Area of Interest(s):			
No. of Thesis supervised:	MS/M.Phil: _____	Ph.D: _____	
Number of Students Currently Under Supervision:	MS/M.Phil: _____	Ph.D: _____	
Co-Supervisor's Signature: _____ Date: _____			



MINHAJ UNIVERSITY LAHORE

Discipline – Innovation – Excellence – Charity

Undertaking:

We undertake that we will meet the university's research related deadlines without compromising the academic integrity. Failing to do so, the university can take action against us. (For research plan and format please visit <https://www.mul.edu.pk/english/tid/75/research-proposal/>.)

Signature: _____
(Supervisor)

Signature: _____
(Co-Supervisor)

Signature: _____
(Student)

Recommendation by HOD:	Signatures & Date	Stamp
Approval by Dean:	Signatures & Date	Stamp
Approval by Vice Chancellor:	Signatures & Date	Stamp