|  |
| --- |
| **Student Personal Information:** |
| Name:       | Identification No:       | Mobile No:      |
| School/Department/Program:       |
| Student Signature:  | Date:  |
| **Department of Admission and Registration Information** |
| - The student is registered since\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_\_\_/\_\_\_\_\_\_) and completed ( ) credit hours with a cumulative average of ( ) . The number of registered credits for this semester is ( ) credits. |
| - Number of semesters the student spent in study:       |
| - The semester in which the supervisor was appointed:       ,academic year ( / ) |
| [ ] Postponement | [ ] Withdrawal |
| \_\_\_\_\_\_\_ semester, academic year: /  | \_\_\_\_\_\_\_ semester, academic year: /  |
| \_\_\_\_\_\_\_semester, academic year: /  | \_\_\_\_\_\_\_ semester, academic year: /  |
| \_\_\_\_\_\_\_ semester, academic year: /  | \_\_\_\_\_\_\_ semester, academic year: /  |
| Registrar’s Signature:  | Date: / / |
| **Present and Proposed Supervisor Information** |
| **Present supervisor info:** |  |
| -Name: | -Employee No.: |
| -Academic rank:  | -Specific specialization: |
| -Number of published articles:       |
| -Program’s Dept.: | -Place of work: |
| -Mobile /Phone:  | -E-mail:  |
| -Starting date of supervision: / /  |
| -Reasons for not continuing the supervision:  |
| Signature of the present supervisor: Date: / /  |
| [ ] **Accept** | [ ] **Do not accept** |

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| **Proposed supervisor info:** |  |
| -Name: | -Employee No.: |
| -Academic rank:  | -Specific specialization: |
| -Number of published articles:       |
| -Program’s Dept.: | -Place of work: |
| -Mobile /Phone:  | -E-mail:  |
| -Starting date of supervision: / / |
| Comments: |
| Signature of the Proposed supervisor: | Date: / /  |
| [ ] **Accept** | [ ] **Do not accept** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Present and Proposed Co-Supervisor Information** |
| **Present Co-supervisor info:** |  |
| -Name: | -Employee No.: |
| -Academic rank:  | -Specific specialization: |
| -Number of published articles:       |
| -Program’s Dept.: | -Place of work: |
| -Mobile/Phone:  | -E-mail:  |
| -Starting date of supervision: / / |
| -Reasons for not continuing the supervision: |
| Signature of the present Co-supervisor: | Date: / /  |
| [ ] **Accept** | [ ] **Do not accept** |
| **Proposed Co-supervisor info:** |  |
| -Name: | -Employee No.: |
| -Academic rank:  | -Specific specialization: |
| -Number of published articles:       |
| -Program’s Dept.: | -Place of work: |
| Mobile/Phone:  | -E-mail:  |
| -Starting date of supervision: / / |
| Comments: |
| Signature of the Proposed Co-supervisor: | Date: / /   |
| [ ] **Accept** | [ ] **Do not accept** |
|  |  |
| **Program’s Dept. Graduate Studies Committee Recommendation** |
| [ ] Approve [ ]  Reject Decision No: |
| Comments:  |  |
|  |  |
| Signature of Committee’s Chairperson: | Date: / /  |
|  |  |
| **Program’s School Graduate Studies Committee Recommendation** |
| [ ] Approve [ ]  Reject Decision No: |
| Comments:  |  |
|  |  |
| Signature of Committee’s Chairperson: | Date: / /  |
|  |  |

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| **Dean of Graduate Studies Decision:** |
|  □Approve ☐Reject  |
| Comments:Signature: Date: |

\*Article no. (35) in the MSc regulations in GJU.