SZABIST

**SUPERVISOR SELECTION FORM**

**(Department of Management Sciences)**

**Semester 20**

Name:

Registration No:

Program:

Degree:

Credit Hours:

Tentative Name of Supervisor:

 Tentative Topic of Project/Thesis

 Area of Specialization

Consent of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be completed and signed by the Student, Records, Major Advisor and Academic

Office.

I have registered for 6/ 3 Credits of Thesis/Research Project (cross out as appropriate)

**Number of studies already in hand by the supervisor:**

BA thesis: MBA thesis:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | **PM** |  | **Major Advisor** |  | **HoD** |  |  |
|  |  |  |  |  |  |  |  |

Date Date Date Date Date Date

*Note: Supervisor approval and group finalization subject to the decision of Committee Members*