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| SZABIST Larkana Campus |
|  | SUPERVISOR SELECTION FORM |  |
|  | ( Department of Computer Science) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration No:\_\_\_\_\_\_\_\_\_\_\_\_\_Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if FYP is in group, please mention the number of students working in                              That group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |                    Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  | FYP Advisor(/Supervisor Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | This form must be completed and signed by the students Records, Final year Project Supervisor/ Advisor and Academic office. |  |
|  | I have registered for 6 Credits of Final Year Project ‘7th and 8th Semester’ 3 credit hours/semester ’Total 6 Credit Hrs.’. |  |  |
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|  | BSCS Final year Project Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |    Signatures:     |  |  |  |  |  |  |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_ |  |  |  |
|  | Student |  | FYP Coordinator/Instructor |  | Supervisor | HoD |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  |  |  |  |
|  | Date |  | Date |  | Date |  | Date |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |