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| SZABIST Larkana Campus | | | | | | | | | | |
|  | SUPERVISOR SELECTION FORM | | | | | | | | | | |  |
|  | ( Department of Computer Science) | | | | | | | | | | |  |
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|  | 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: |  |  |  |  |  |  |  |  |  | |  |
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|  | Student |  | FYP Coordinator/Instructor |  | Supervisor | | HoD |  |  |  | |  |
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