



# Capital University of Science & Technology, Islamabad

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## **MS/MPhil SUPERVISOR ALLOCATION FORM**

**STUDENT PARTICULARS:**

Date: \_\_\_\_\_

☐ Name \_\_\_\_\_

☐ Reg No: \_\_\_\_\_ ☐ Department: \_\_\_\_\_ ☐ CGPA \_\_\_\_\_

**RESEARCH AREA:** \_\_\_\_\_

**A Brief about the Proposed Research**

**PROPOSED SUPERVISORS: (1)** \_\_\_\_\_

**(2)** \_\_\_\_\_ **(3)** \_\_\_\_\_

\* This Form should be emailed by the student within one week from the start of semester to the office of the HoD to get the approval of supervisor.

Student's Signature: \_\_\_\_\_

**DEPARTMENTAL APPROVAL:**

(a) Allocation of the supervisor by the HoD: \_\_\_\_\_

(b) Approval by the Dean: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

(c) Submitted to Graduate Studies Office on \_\_\_\_\_

**Remarks by GSO**

Total No. of MS/MPhil Students with the allocated Supervisor: \_\_\_\_\_

Current Semester allocation: \_\_\_\_\_

Supervisor allocation is inline with the University Policy: YES/NO \_\_\_\_\_

Signature: \_\_\_\_\_