DIRECTORATE OF ACADEMICS

GC WOMEN UNIVERSITY FAISALABAD

PERMISSION FORM FOR SUPERVISOR

I/II

(FROM OTHER INSTITUTIONS)

(For BS/MA/MSc/MPhil/PhD Research Work Students)

Student Name:_____ Father Name:_____

Registration No:_____ Roll No: _____

Degree Program:_____ Session: _____

Department:_____ Faculty:_____

Name of Supervisor I:_____ Signature: _____

Title of the Research: _____

Name of Supervisor II:_____ Designation: _____

Address/ Institution of Supervisor II: _____

Contact:_____ Email:_____

Signature of Student:

For official Use Only:

1. Verified By: Chairperson of the Department:_____
2. Forwarded by: Coordinator of the Faculty:_____
3. Forwarded By: Director Academics: _____
4. Approved By: Vice Chancellor: _____