

UNIVERSITY OF ENGINEERING AND TECHNOLOGY, LAHORE

Ph.D. PROPOSAL REQUEST FORM

Student Name	
Registration No.	
Date of Submission	
Name of Courses Completed	
Title	
Research Area(s)	

Ph.D. Thesis proposed Committee.

Supervisor: _____ Co- Supervisor: _____

Member: _____ Member: _____

Signatures: _____ Signatures: _____

Abstract:

The attached proposal is forwarded to be considered in upcoming PGRC meeting.

Supervisor Signature: _____ Student Signature: _____

Co-Supervisor Signature: _____

For Office Use:

Proposal: Accepted: _____ Rejected: _____ Deferred: _____

Reason for rejection/deferred: _____

Proposed Committee: _____

PGRC Date: