DHA Suffa University
Request for Scheduling Thesis Seminar

STUDENT:

Name: _____   Enrollment Number: _____

Program: _____   Department: _____

Supervisor Name: _____   Co-Supervisor Name: _____

Research Title: _____

Research Publication Requirement Completed (For PhD only):   Yes/No _____

I have completed my Research Thesis as per DSU rules and format. Kindly arrange Thesis Seminar as per DSU Statutes.

Student Signature: _____   **Date: _____**

_____
(For official use only)

APPROVAL BY:

Supervisor: _____ (Signature & Date)
Remarks: _____

Head of Department: _____ (Signature & Date)
Remarks: _____

Dean: _____ (Signature & Date)
Remarks: _____

OFFICE OF POSTGRADUATE PROGRAMS:

Tentative date for Thesis Seminar: _____ Signature & Date: _____