



Department of Computer Science & Information Technology

University of Balochistan

Supervisor Selection Form

(To be submitted to Coordinator MS/PhD Programs)

Date: / / 2017

Name of Candidate

Father's Name

Names of preferred Supervisors

- 1.
2.

Registration No.

Registration Date

Session

Degree/Program Registered

Topic of Dissertation (1)

Summary

Supervisor's Signature

Topic of Dissertation (2)

Summary

Supervisor's Signature

Candidate's Signature & Date:



Department of Computer Science & Information Technology
University of Balochistan

Departmental Admission Committee Comments:

Accept

Reject

Coordinator

Chairman