Form3

DIRECTORATE OF ADVANCED STUDIES AND RESEARCH (ASRB)

UNIVERSITY OF HARIPUR, KHYBER PAKHTUNKHWA, PAKISTAN

Name of Scholar:		
Father's Name:		
Student of:	**Semester:**	**Registration No.**
Department:	**hereby requests to kindly approve the following:**	

Change of Topic	Appointment of Supervisor	Change of Supervisor	Appointment of Co-Supervisor	Change of Co-Supervisor	Freeze/Cancellation of Admission

Details are mentioned as under:

Current Topic …… ……		**New Topic** …… ……
Current Supervisor …… ……		**New Supervisor** …… …….
Current Co- Supervisor …… ……		**New Co- Supervisor** …… …….

Justification:

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Reasons for Discontinuation/Freeze/Cancellation of Admission

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Applicant Signature

Remarks of Supervisor:_____

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Recommendations of

HOD:_____

_____

Signature of HOD

(After taking approval from BOS, if required)

Remarks of Dean:

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Signature of Dean

Director ASRB

(After taking approval from ASRB, if required)