



ALHAMD ISLAMIC UNIVERSITY

Office of Research, Innovation and Commercialization (ORIC)

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CHANGE OF SUPERVISOR FORM

Registration No. _____ Student Name: _____

Program: _____ Semester: _____

Department: _____

Email: _____ Mobile No. _____

Course Work Credit Hours Completed: _____ CGPA: _____

Research Title: _____

Research Progress Status: _____

Present Supervisor Name: _____

Proposed Supervisor Name: _____

Reason for Change: _____

Date: _____ Signature: _____

New Supervisor Name: _____

Consent: I agree to supervise the above-named student in the suggested research area.

Date: _____ Signature: _____

Departmental Research Committee (DRC) Consent

DRC Meeting Details: _____

Remarks: _____

Date: _____ Signature: _____

Faculty Dean Signature: _____ Date: _____

BASR Meeting Details: Meeting No. _____ Date: _____

Remarks: _____ (Approved / Not Approved)

Director/Deputy Director ORIC Signature: _____ Date: _____