

**SIMAD UNIVERSITY**



جامعة سيماد

**JAAMACADDA SIMAD**

The Fountain of Knowledge and Wisdom

منبع المعرفة والحكمة

# Faculty of Management Sciences

## SUPERVISOR SELECTION FORM

Student Name : \_\_\_\_\_

Class Name : \_\_\_\_\_ Student ID: \_\_\_\_\_

Semester : \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email : \_\_\_\_\_

Research Area: \_\_\_\_\_

Research Topic: \_\_\_\_\_

**Please select one to three potential supervisors from the list below options and rank them in order of preference.**

Option 1: Signature: \_\_\_\_\_

Option 2: Signature: \_\_\_\_\_

Option 3: Signature: \_\_\_\_\_

**NB: I understand that I may not be allocated a supervisor of my preference due to changes in staff circumstances and availability.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

(1) Accepted by: Faculty Secretary

(2) Accepted by: Head of department

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_