

SIMAD UNIVERSITY



جامعة سيماد

JAAMACADDA SIMAD

The Fountain of Knowledge and Wisdom

منبع المعرفة والحكمة

Faculty of Management Sciences

THESIS/PROPOASL TOPIC CHANGE FORM

Student Name: _____

Class Name : _____ Student ID: _____

Semester : _____ Mobile Number _____

Email : _____

Supervisor: _____

Previous Research Topic: _____

New Research Topic: _____

Student Signature _____ Date: _____

(1) Accepted by: Supervisor

Signature: _____ Date: ____/____/____

(2) Accepted by: Faculty Secretary

(3) Accepted by: Head of department

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____