

SIMAD UNIVERSITY



جامعة سيماد

JAAMACADDA SIMAD

The Fountain of Knowledge and Wisdom

منبع المعرفة والحكمة

Faculty of Management Sciences

REQUEST FOR CHANGE OF SUPERVISOR FORM

Student Name : _____

Class Name : _____ Program _____

Student ID : _____ Semester _____

Email : _____ Mobile Number: _____

Research Area: _____

Research Topic: _____

Name & Signature of Faculty Secretary:

Name & Signature of Previous Research Supervisor (Outgoing):

Reasons for Change:

Name and Signature of New Supervisor:

Name & Signature of Head of Department:

Name & Signature of Faculty Dean:
