



School of Graduate Studies PhD Research Proposal – Supervisor Form

Details of student

Student name _____ ID number _____

Email _____ Telephone _____

Research topic _____

Name of advisor _____

Academic rank _____

Research area _____

Location where research will be conducted (choose one): On campus / Off campus

Location _____

Type of research

1. Laboratory
2. Non-laboratory

Recommendations for faculty members for PhD Thesis Committee:

1. _____

2. _____

3. _____

4. _____

Please state if there are faculty members (up to 2) that should not be part of the PhD Thesis Committee

1. _____

2. _____

Signature of Advisor _____ Date: _____

Signature of second Advisor (if relevant) _____ Date: _____