DIRECTORATE OF ADVANCED STUDIES
GC WOMEN UNIVERSITY FAISALABAD

PERMISSION FORM FOR SUPERVISOR I/II
(FROM OTHER INSTITUTIONS)
(For BS/MA/MSc/MPhil/PhD Research Work Students)

Student Name: ___________________________ Father Name: ___________________________

Registration No: _________________________ Roll No: _______________________________

Degree Programme: ______________________ Session: _____________________________

Department: _____________________________ Faculty: _____________________________

Name of Supervisor I: ____________________ Signature: _____________________________

Title of the Research: _____________________

Name of Supervisor II: ____________________ Designation: ___________________________

Address/Institution of Supervisor II: ________________________________

Contact: _________________________________ Email: ______________________________

Signature of Student:

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For Official Use Only:

1. Verified By: Chairperson of the Department: _____________________________

2. Forwarded by: Coordinator of the Faculty: ________________________________

3. Forwarded By: Director Advanced Studies: ________________________________

4. Approved By: Vice Chancellor: ________________________________