



## Preference for Research Supervisor

Scholar Name:	Student Number:
Email ID:	Contact Number:
Area of Specialization:	

Please write the names of three prospective supervisors in order of preference after discussing with them the possibility to supervise you.

Preference 1:	Consent Attached	Yes	No
Preference 2:	Consent Attached	Yes	No
Preference 3:	Consent Attached	Yes	No

**Preferred Research Topic or Variables interested in:**

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

**For Office Use Only**

### Approval by DPC

Supervisor appointed by the Doctoral Program Committee  
in its meeting held on

Date of Degree Completion:

Chairman DPC

Date

\*Only typewritten form will be accepted | Use Adobe reader to fill the form | Digital signatures are also accepted.