



Supervisor Preference Consent Form

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

It is certified that I am available to supervise the thesis of
at the following preference:

	Preference 1
	Preference 2
	Preference 3

Signature

Dated

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