



RESEARCH PROPOSAL DEFENCE PROFORMA – PhD

FACULTY: _____ **DEPARTMENT:** _____

Name of Student: _____ Registration No: _____

CGPA: _____ Date of Enrolment: _____

Thesis Title: _____

Field of Specialization: _____

ATTEMPTS: 1st

☐

2nd

☐

STATUS:

☐

Approved

☐

Approved with Changes

☐

Not Approved

GRADUATE ADVISORY COMMITTEE (GAC)

1. SUPERVISOR: _____
(Name) (Signatures)

2. CO-SUPERVISOR: _____
(Optional) (Name) (Signatures)

3. EXTERNAL MEMBER/s: _____
(Name) (Signatures)

(Name) (Signatures)

4. SUBJECT EXPERT: _____
(Internal) (Name) (Signatures)

5. HOD: _____
(Name) (Signatures)

6. DEAN: _____
(Name) (Signatures)

7. PROGRAM COORDINATOR (Secretary) _____

Date: _____