



COMSATS University Islamabad

Registrar Office, Principal Seat, Islamabad

For Approval of Synopsis of Graduate Programs Students (MS/MBA/Ph.D) of CIIT

Student's Details;

Registration No:	Name:
Father Name:	Program Name:
Area of Specialization (if any as per approved SoS:	

Supervisor/ Co-Supervisor's Details:

<u>Supervisor's Name and Designation:</u>
<u>Co-Supervisor's Name and Designation:</u>

<u>Synopsis Title (Capitalize each work except connecting words):</u>
<u>Recommended & Signed by Supervisory Committee (Name and Signature):</u>
1. Supervisor/Convener
2. Co-Supervisor's (<i>if any</i>)/Member
3. Member
4. Member
<u>Signed by Student:</u>
<u>Signed & Recommended by HoD on the basis of Turnitin Similarity Reports (attached):</u>
<u>Signed and approved by the respective Dean:</u>



COMSATS University Islamabad

Synopsis for the degree of M.S./M.Phil/MBA [] Ph.D

PART-I (to be completed by the student)

Note: Please fit your text in the given space. Do not alter format of the form. Do not attach extra paper/s. Use Arial font size 10 or 12. Print your name and Department's name on every page in the given space. The form can be filled in electronically using Adobe Acrobat®.

Name of Student			
Department			
Registration No.		Date of Registration	
Name of Research Supervisor			
Members of Supervisory Committee			
1.			
2.			
3.			
4.			
Title of Research Proposal			
<u>Summary of the Research Proposal</u>			

Student's Name:

Department

Introduction

Purpose of Study/Justification

Statement of the Problem

Student's Name:

Department

Objectives

Study Area

Research Design (Methodology)

Student's Name:

Department

Bibliography

Tentative Time Table

Financial Requirements

Signature of the Student _____

Date _____

PART IIAcceptance by the Research Supervisor

I have read the synopsis and agree to supervise Mr./Ms _____
 for the partial requirement of the degree of _____ (M.S./M.Phil./Ph.D.) The
 proposed project is academically, logistically, administratively and financially feasible and all
 the required literature, equipment, laboratories, space and transport facilities are or will be
 available at CIIT, Islamabad.

Name _____ Signature _____ date _____

Approved by Advisory Committee

	Name of Committee Member	Designation	Signature and Date
1			
2			
3			
4			

Proposed External Examiners

	Name	Designation	Address and contact numbers
1			
2			
3			

Student's Name:

Department

Approved by Advisory Committee

Graduate Program Coordinator _____

HoD _____

Date _____

Date _____

Approved by Campus Graduate Program Committee (CGPC)

Chairman, CGPC _____

Date _____

PART III

Dean, Faculty of _____.

_____ Approved for placement before BASAR.

_____ Not Approved on the basis of following reasons

Signature _____

Date _____

Dean, Graduate Studies and Research

_____ Approved for placement before BASAR.

_____ Not Approved on the basis of following reasons

Signature _____

Date _____

Decision of BASAR (Meeting No. _____, held on _____, Agenda Item No. _____)

_____ Approved for placement before Academic Council.

_____ Not Approved on the basis of following reasons

Registrar _____

Date _____