



COMSATS University Islamabad

Form for Approval of Synopsis

MS Ph.D.

Student's Detail

Name:	Registration No.:
Program:	Area of Specialization (if any as per approved SoS):
Department:	Campus:
Date of Admission:	Date of Synopsis submission:
Proposed Title of the Thesis: (Use title case capitalization):	

Student's signature _____

Recommendation and approval

Recommended or approved by	Name and Designation	Signature
Supervisory Committee		
Supervisor		
Co-supervisor (if any)		
Member		
Member		
Member		
Departmental Advisory Committee (DAC)		
Verification of attached "Turnitin Report" by HoD		
Secretary DAC for all members		
Convener DAC on behalf of all members		
Dean of Faculty		
Dean Faculty of		
Board of Advance Study and Research (BASAR)		
Secretary BASAR		