



## REGISTRATION OF RESEARCH PROPOSAL

Semester , Session  /

*(For student who is registering the Research Proposal for the first time)*

To be completed by:

### SECTION A : STUDENT Personal Details

Matric No :

Name :

Kulliyah/Institute :

Programme :  PhD  MASTER

Mode of Study :  COURSEWORK & DISSERTATION  RESEARCH ONLY  
 PROFESSIONAL PROGRAMME / CLINICAL PROGRAMME

Contact No (H/P) :

Email :

### Thesis Details

Name of Supervisor :

Proposed Thesis Title (English/Arabic)

English *(Compulsory)*

**\*To be filled by student**

\*Matric No: 

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Arabic (if necessary)

\*A student with an Arabic thesis title is required to provide the English translation of the title.

Date:  Signature:

**SECTION B : HEAD OF DEPARTMENT /PG COORDINATOR (KULLIYYAH)  
Recommendation**

The department **RECOMMENDS/DOES NOT RECOMMEND** his/her registration of Research Proposal.

Date:  Signature & Official Stamp:

**SECTION C : DEPUTY DEAN (POSTGRADUATE AND RESEARCH) OF THE KULLIYYAH  
Approval**

The student has fulfilled the requirements for registration of the Research Proposal

The Kulliyyah/Institute **APPROVES/ DOES NOT APPROVE** his/her registration of Research Proposal.

Date:  Signature & Official Stamp:

**FOR OFFICE USE ONLY (CPS)**

Date Received by Registration Unit	Course Registered	By

*Note: Student should submit this form to the Registration Unit, CPS during the first week of the semester.*