

SZABIST

Project Proposal Form **MHRM**

Semester _____ 20_____

Name: _____ Registration No.: _____

Credit Hours: _____ Program: _____ Degree: _____

I am interested in completing my Project on one of the following topics *(write exact title). It must be signed by the student, Head of Examinations & Academics and the MHRM Coordinator by the end of third week of classes and submitted to the ASO Office along with the one page Research Proposal. No Research Project Form will be accepted after the third week of classes. Research Project Report must be submitted (in both hard and soft copy formats[†]) to Academic Controller at least one week before final examination week. Default grade is F. All Business Project will be presented at the end of the semester announced by the respective advisor.

	Topic*	Research Project Advisor (Write Name)
1 st Preference		
2 nd Preference		
3 rd Preference		

I have registered for 3 Credits of Research Project.

Student

Advisor

Controller Academics

Program Manager

Date

Date

Date

Date

***Student E-mail:**

***Advisor E-mail & Contact #**

***Area of the Study**

* _____

* _____

* _____

Note:- ***Mandatory Entry**

***Student Cell No.** _____