



**RESEARCH FACILITATION UNIT (RFU)
DEPARTMENT OF BUSINESS ADMINISTRATION
IQRA UNIVERSITY-IU**

THESIS II APPROVAL FORM

Date: _____

STUDENT'S INFORMATION
(To be filled in by the student)

REG. NO.	STUDENT NAME	PROGRAM	CONTACT NO.	EMAIL ADDRESS:

TOPIC OF THE RESEARCH
(To be filled in by the student)

DETAIL OF SPECIALIZATION & SUPERVISOR

Specialization:

- Marketing
- Human Resource Management
- Finance / Economics
- Supply Chain Management
- International Business
- Econometrics

Name of the Supervisor: _____

Student's Signature: _____

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To be approved by the RFU:

Remarks: _____

APPROVAL DATE

Dr. Irfan Hameed, Head of Graduate Studies

**NOTE: APPROVAL OF SUPERVISOR WILL BE EXECUTED ONLY IN A CONDITION
WHEN APPROVED RESEARCH PROPOSAL WILL BE SUBMITTED TO RFU.**