COMSATS University Islamabad (CUI) Attock Campus

Department of Computer Science

Supervisor Registration FORM

STUDENT INFORMATION	
NAME:	**Registration No:**
NAME:	**Registration No:**
Thesis Title:	
Supervisor Name:	

Acceptance by Supervisor ☐

Thesis Supervision:

No of Thesis of Last Semester ($8^{th}/4^{th}$) ☐

No of Thesis of $7^{th}/3^{rd}$ Semester ☐

Supervisor Signature: _____ 72772