# FORM TH-1A

# National University of Sciences and Technology

## MASTER’S THESIS WORK

## PETITION FOR CHANGE IN THE GUIDANCE COMMITTEE

Date:

Name: Regn No.

Department: MECHANICAL Specialization:

### COMMITTEE MEMBERS CHANGES

### SIGNATURE OF THOSE TO BE DELETED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

**Delete**  **Add**

Signature : Signature :

Name : Name:

Department : Department:

Signature : Signature :

Name : Name:

Department : Department:

Signature : Signature :

Name : Name:

Department : Department:

### SUPERVISOR / CO-SUPERVISOR CHANGES

**SIGNATURE OF THOSE TO BE DELETED AND / OR ADDED ARE REQUIRED**

If signature for deletion cannot be obtained, type the reason on the signature line

Signature : Signature :

Name : Name:

Department : Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Supervisor Signature of Student

Signature of Head of Department Date

**APPROVED**

Date (Dean / Principal)