



MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),

MIRPUR-10250 (AJK), PAKISTAN

Advanced Studies & Research Board

Phone # 05827- 961116

Request for the change of Thesis title (Ph.D./ M.Phil./ M.S./ M.Sc. Engg.) degree program
(Tick relevant program)

Student Name: _____ **Father Name:** _____

Department: _____ **Faculty:** _____

Registration No. _____ **Session:** _____

Old Title	New Title

Supervisor Name: _____

Supervisor Comments (reason for change): _____

Approval by Synopsis Scrutiny Committee: (For major changes only, required new synopsis)

Chairman

Member

Member

Member

Chairperson

No. _____ **Date:** _____

Dean Faculty of _____

No. _____ **Date:** _____

Director (AS&RB)

Approved in 9th meeting of AS&RB, date 12-02-2019, circulate vide letter No. 393-i/AS&RB/2019, dated 25-03-2019 and updated in October 2020



MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),

MIRPUR-10250 (AJK), PAKISTAN

Advanced Studies & Research Board

Phone # 05827- 961116

Request for the change of Supervisor (Ph.D./ M.Phil./ M.S./ M.Sc. Engg.) degree program
(Tick relevant program)

Student Name: _____ **Father Name:** _____

Department: _____ **Faculty:** _____

Registration No. _____ **Session:** _____

Existing Supervisor	New Supervisor

Chairperson Comments (reason for change): _____

Chairperson

No. _____ **Date:** _____

Dean Faculty of _____

No. _____ **Date:** _____

Director (AS&RB)

MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),

MIRPUR-10250 (AJK), PAKISTAN

Advanced Studies & Research Board

Phone # 05827- 961116



Request for Semester extension (Ph.D./ M.Phil./ M.S./ M.Sc. Engg.) degree program
(Tick relevant program)

Student Name: _____ **Father Name:** _____

Department: _____ **Faculty:** _____

Registration No.: _____ **Session:** _____

Semester extension requested: (Fall___/ Spring ___) **Total semester requested:** _____

Fee submitted (Rs.): _____ **Challan No.** _____ **Date:** _____

Supervisor Name: _____

Supervisor Comments (reason for extension): _____

Requirements:

i- Copy of Challan form

ii- Notification of previous extension (if any)

Chairperson

No. _____ **Date:** _____

Dean Faculty of _____

No. _____ **Date:** _____

Director (AS&RB)



**MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),
MIRPUR-10250 (AJK), PAKISTAN
Advanced Studies & Research Board
Phone # 05827- 961116**

Thesis submission Check List (M.Phil./ M.S./ M.Sc. Engg.) (First Copy)

Student Name: _____ **Degree:** _____ **Department** _____

Session: _____ **Registration No.** _____

- (Tick attached)
- 1- Notification of admission approval by AS&RB
 - 2- Notified result of course work
 - 3- Notification of synopsis, title and supervisor approval by AS&RB
 - 4- Panel of 3 external examiner
 - 5- HEC attested copy of last degree
 - 6- GAT general result
 - 7- Attested Plagiarism Report (with complete title, student name and date)
 - 8- HEC equivalence certificate (if applicable)
 - 9- Any other (Semester extension/ affidavit etc....)

Supervisor: _____ **Date of approval of synopsis** _____

Chairperson: _____ **No.** _____ **Date:** _____

Dean: _____ **No.:** _____ **Date:** _____

Director (AS&RB) _____ **No.** _____ **Date:** _____

The Thesis of Mr./ Ms. _____ has been found satisfactory and forwarded to your office for further processing. The list of Examiners provided by the department has been attached (**Flag-A**)

The Controller of Examinations:

Approved in 9th meeting of AS&RB, date 12-02-2019, circulate vide letter No.393-iv/AS&RB/2019, dated 25-03-2019 and updated in 10th meeting held on 20-08-2020, circulate vide letter No. 985-86/ASRB/2020 dated 09-09-2020



**MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),
MIRPUR-10250 (AJK), PAKISTAN
Advanced Studies & Research Board
Phone # 05827- 961116**

Thesis submission Check List (M.Phil./ M.S./ M.Sc. Engg.) (Final hard Copy)

Student Name: _____ **Degree:** _____ **Department** _____

Session: _____ **Registration No.** _____ **No. of Copies:** _____

- | | (Tick attached) |
|--|--------------------------|
| 1- External examiner report | <input type="checkbox"/> |
| 2- Notification of title and supervisor approval by AS&RB | <input type="checkbox"/> |
| 3- HEC attested copy of last degree | <input type="checkbox"/> |
| 4- GAT general result | <input type="checkbox"/> |
| 5- Attested final plagiarism report (with complete title, student name and date) | <input type="checkbox"/> |
| 6- First plagiarism report (with complete title, student name and date) | <input type="checkbox"/> |
| 7- Thesis result | <input type="checkbox"/> |
| 8- HEC equivalence certificate (if applicable) | <input type="checkbox"/> |
| 9- Any other (Semester extension etc...) | <input type="checkbox"/> |
| 10- Notification/ circular of Thesis Viva/ Defense | <input type="checkbox"/> |

Supervisor: _____ **Date of Viva Voice:** _____

Chairperson: _____ **No.** _____ **Date:** _____

Dean: _____ **No.:** _____ **Date:** _____

Director (AS&RB) _____ **No.** _____ **Date:** _____

The Thesis of Mr./ Ms. _____ has been found satisfactory and forwarded to your office for further processing. While, one (01) copy kept for the record of AS&RB and _____ number of copies has been returned to Department.

The Controller of Examinations:

Approved in 9th meeting of AS&RB, date 12-02-2019, circulate vide letter No.393-v/AS&RB/2019, dated 25-03-2019 and updated in 10th meeting held on 20-08-2020, circulate vide letter No. 785-86/ASRB/2020 dated 09-09-2020



**MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),
MIRPUR-10250 (AJK), PAKISTAN
Advanced Studies & Research Board
Phone # 05827- 961116**

Thesis submission Check List (Ph.D.) (First Copy)

Student Name: _____ **Session:** _____ **Department** _____

Session: _____ **Registration No.** _____ **No. of copies:** _____
(Tick attached)

- | | |
|--|--------------------------|
| 1- Notification of approval of admission by AS&RB | <input type="checkbox"/> |
| 2- Notification of title and supervisor approval by AS&RB | <input type="checkbox"/> |
| 3- Notification of approval of synopsis by AS&RB | <input type="checkbox"/> |
| 4- Notification of approval of supervisory committee | <input type="checkbox"/> |
| 5- Panel of 5 foreign examiners from approved list | <input type="checkbox"/> |
| 6- Panel of 3 local examiners from approved list | <input type="checkbox"/> |
| 7- Notified result of comprehensive (Written & Oral) | <input type="checkbox"/> |
| 8- HEC attested copy of last degree | <input type="checkbox"/> |
| 9- GAT subject result | <input type="checkbox"/> |
| 10- Attested plagiarism report (with complete title, student name and date) | <input type="checkbox"/> |
| 11- Result of 18 credit course work | <input type="checkbox"/> |
| 12- CD with soft copy of complete thesis | <input type="checkbox"/> |
| 13- Research publication from Ph.D. thesis with supervisor
ISI indexed journal/ HEC approved journal, | <input type="checkbox"/> |
| 14- Any other (Semester extension/ supervisor change etc...) | <input type="checkbox"/> |

Supervisor: _____ **Date of approval of synopsis** _____

Chairperson: _____ **No.** _____ **Date:** _____

Dean: _____ **No.:** _____ **Date:** _____

Director (AS&RB) _____ **No.** _____ **Date:** _____

The two copies of Thesis along with 01 CD of soft copy of thesis of Mr./ Ms. _____ has been found satisfactory and forwarded to your office for further processing. The list of Foreign Examiners (**Flag-A**) and Local Examiners (**Flag-B**) provided by the department has been attached.

The Controller of Examinations:

Approved in 9th meeting of AS&RB, date 12-02-2019, circulate vide letter No.393-vi/AS&RB/2019, dated 25-03-2019 and updated in 10th meeting held on 20-08-2020, circulate vide letter No. 985-86/ASRB/2020 dated 09-09-2020



**MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),
MIRPUR-10250 (AJK), PAKISTAN
Advanced Studies & Research Board
Phone # 05827- 961116**

Thesis submission Check List (Ph.D.) (Final Hard Copy)

Student Name: _____ **Session:** _____ **Department** _____

Session: _____ **Registration No.** _____ **No. of copies:** _____
(Tick attached)

- | | |
|--|--------------------------|
| 1- Foreign and local examiners reports | <input type="checkbox"/> |
| 2- Notification of title and supervisor approval by AS&RB | <input type="checkbox"/> |
| 3- Result of seminars (2 credit) | <input type="checkbox"/> |
| 4- Notification of open public defense | <input type="checkbox"/> |
| 5- HEC attested copy of Last degree | <input type="checkbox"/> |
| 6- GAT Subject result card | <input type="checkbox"/> |
| 7- Attested final plagiarism report (with complete title, student name and date) | <input type="checkbox"/> |
| 8- First plagiarism report (with complete title, student name and date) | <input type="checkbox"/> |
| 9- 2 CDs with soft copy of complete thesis | <input type="checkbox"/> |
| 10- Research publication from Ph.D. thesis with supervisor
ISI indexed journal/ HEC approved journal, | <input type="checkbox"/> |
| 11- Any other (Semester extension/ supervisor change etc...) | <input type="checkbox"/> |

Supervisor: _____ **Date of Thesis Defense:** _____

Chairperson: _____ **No.** _____ **Date:** _____

Dean: _____ **No.:** _____ **Date:** _____

Director (AS&RB) _____ **No.** _____ **Date:** _____

The two copies of Thesis along with 01 CD of soft copy of thesis of Mr./ Ms. _____ has been found satisfactory and forwarded to your office. While, one (01) copy kept for the record of AS&RB and _____ number of copies has been returned to the Department.

The Controller of Examinations:

Approved in 9th meeting of AS&RB, date 12-02-2019, circulate vide letter No.393-vii/AS&RB/2019, dated 25-03-2019 and updated in 10th meeting held on 20-08-2020, circulate vide letter No. 985-86/ASRB/2020 dated 09-09-2020



MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST),

MIRPUR-10250 (AJK), PAKISTAN

Advanced Studies & Research Board

Phone # 05827- 961116

Request for Semester Freeze (Ph.D./ M.Phil./ M.S./ M.Sc. Engg.) degree program
(Tick relevant program)

Student Name: _____ **Father Name:** _____

Department: _____ **Faculty:** _____

Registration No.: _____ **Session:** _____

Semester Freeze requested: (Fall___/ Spring ___) **Total semester requested:** _____

Fee submitted (Rs.): _____ **Challan No.** _____ **Date:** _____

Date of commencement of semester: _____ **Date of application for freeze:** _____

Supervisor Name: _____

Supervisor Comments: _____

Chairman Comments: _____

Requirements:

- iii- Copy of Challan form
- iv- Justification of semester freeze
- v- Proof of reason for semester freeze (medical certificate/
death certificate etc...)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Chairperson
No. _____ **Date:** _____

Dean Faculty of _____
No. _____ **Date:** _____

Director (AS&RB)