



BUITEMS

Quality & Excellence in Education

Form GS.

Graduate Studies Office

MS/PhD Synopsis Submission Form



Basic Information

Name of the Student

Name of Principal Supervisor

Department/ Program of Study

CMS-ID

Session

E-Mail Address

GPA/CGPA

Contact Number

Your submission

Synopsis title:

Word count:

Enter number of words:

Dated : ___/___/___

Student Signature : _____

Dated : ___/___/___

Supervisor Signature and Stamp

Recommendations of the Departmental Graduate Research Committee

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Name of the Committee Members	Designation	Signature

Dated : ___ / ___ / _____

Dean Graduate Studies Office
Signature and Stamp _____