Thesis Topic Registration Request Form Doctor of Pharmacy/ Master of Pharmacy

Dear Professor,

I respectfully request your approval and supervision for my Pharm.D/ M.Pharm thesis.

I, ............................................., a student admitted in the year , with student ID number

.............................................., intend to conduct my thesis entitled:……………………………….

I hereby acknowledge that I bear full responsibility in the event that the topic or results of my thesis are found to be repetitive or previously conducted.

Moreover, I commit to publishing any scientific findings derived from my thesis under the above title— including but not limited to articles, abstracts (for poster or oral presentation), patents, and intellectual property—only with the prior permission and coordination of my thesis supervisor(s), and in full respect of their intellectual rights.

Student’s Full Name: .............................................

Date and Signature: .............................................

I, ........................................., hereby confirm my agreement for Ms./Mr. to

prepare and complete their thesis under my supervision, with the above-mentioned title.

Furthermore, I confirm that the thesis topic is not a duplicate of any previously approved or completed work.

Date and Signature:……………………………………….

Date of Document Completion:

The above-mentioned thesis was approved at the session of the Faculty Research Council held on

**…………………………..**.

Research and Thesis Affairs

It was registered under number .............................. on date in the Thesis Office.