

DU-ARDS BSc/MSc Thesis/Project Agreement Form

Student information:

- (a) Name: _____
- (b) Roll No.: _____
- (c) Registration No.: _____
- (d) Session: _____

Thesis Title: _____

Supervisor: _____

Co-supervisor: _____

Does this work involve collaboration w/ external Organization (Yes/No)?

- (a) Name of Organization: _____
- (b) Name of contact at Organization: _____
- (c) Address of Organization: _____

Duration: _____

Signature

Student:

Date:

Signature

Supervisor:

Date:

Signature

Co-supervisor:

Date: