



The Libyan International Medical University (LIMU)

Postgraduate Studies and Research Administration

Form (.....)

Appointing a Supervisor and Approving a Thesis Plan

Specialization:	
Academic Department:	
Faculty:	Date:

Student Information:

Student Name:	Student No:
Enrollment in Specialization Date:	
Number of Hours Passed:	Cumulative G.P.A:
Phone Number:	
E-mail:	

Thesis Information:

Thesis Title:	
Supervisor Name:	Degree:
Assistant Supervisor Name (if any):	Degree:
Thesis Completion Expected Date:	

- **Attach with the application** 1. Thesis plan 2. Student Transcript 3. Department and Faculty committees Decision.



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- **Any other observations:**

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Department Head Approval:	Signature:	Date:
Faculty Dean Approval:	Signature:	Date:
Vice-President for	Signature:	Date:
Postgraduate Studies Approval		
