



**PETITION FOR CHANGE IN THE RESEARCH TOPIC AND/OR GUIDANCE & EXAMINATION
COMMITTEE (GEC)**

Name: _____

Enrollment No. _____ Degree Program: _____

Department: _____

RESEARCH TOPIC CHANGES

O L D	N E W

COMMITTEE MEMBER CHANGES

(Signatures of those to be deleted are required. If signature for deletion cannot be obtained type reasons on the signature line)

D E L E T E

A D D

Name: _____

Name: _____

Designation
& Affiliation: _____

Designation
& Affiliation: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Designation
& Affiliation: _____

Designation
& Affiliation: _____

Signature: _____

Signature: _____

SUPERVISOR/ CO-SUPERVISOR CHANGES

(Signatures of those to be deleted are required. If signature for deletion cannot be obtained type reasons on the signature line)

Name: _____

Name: _____

Designation
& Affiliation: _____

Designation
& Affiliation: _____

Signature: _____

Signature: _____

Signature of Supervisor (if the co-supervisor has been changed)

Signature of Co- Supervisor (if appointed, and if the supervisor has been changed)

Date: _____

Date: _____

Signature of Student: _____

Signature of Supervisor: _____

Date: _____

Date: _____

Chairperson of the Department

Director, Postgraduate Studies (ZUFEST)

Date: _____

Date: _____