



(Form/FC-2/ 2025)

# North South University

## Application Form for Faculty Choice for the PHR5110 (Thesis)/ PHR5113 (Assignment)

Date: .....

To

Chairman

Department of Pharmaceutical Sciences

**Subject: Application for Faculty Choice for the PHR5110 (Thesis)/ PHR5113 (Assignment)**

Respected Sir,

This is to inform you that I am .....

ID Number: ..... has submitted my Faculty Choice for the semester of Summer 2025.

Contact Number: ..... e-mail address: .....

I have discussed the following faculty members and requested their consideration for supervising my **PHR5110 (Thesis) / PHR5113 (Assignment)**:

Choice	Name of the Faculty Member	Faculty Initial	Yes/No	Approved by Faculty Member Signature with date
1 <sup>st</sup> Choice				
2 <sup>nd</sup> Choice				
3 <sup>rd</sup> Choice				Committee to fulfill the requirement

(Note for Faculty Members: Please select your first choice for the first round, your second choice for the second round, and your third choice as determined by the committee to fulfill the requirement. If you do not wish to recommend a student, you MUST submit "No" against your choices for the other faculty members.)

As a Thesis/ Assignment student, I desire to work in the following fields:

- (1) .....  
(2) .....  
(3) .....

I kindly request your approval for my faculty choice.

Thank you for your consideration.

Sincerely,

\_\_\_\_\_  
Signature of the applicant

Date: