



Riphah International University, Islamabad
(Lahore Campus)

Thesis/Project Submission Form

Name of Student: _____

SAP ID: _____

Program: _____

Title of Thesis/Project:

Supervisor Name: _____

E-mail Address: _____

Contact Number (Student): _____

Check	Department	Signatures & Stamp	Comments		
			Start Semester		
Thesis / Project Registration	Coordination Office				
Time Barrier	Coordination Office		Current Semester		
Fees Balance	Finance Department (Stamp Required)				
Educational Documents / University Registration	Office of Academic Affairs				
Proposal Approval	Research Coordinator				
Plagiarism Checked	Research Coordinator				
Supervisor Consent	Supervisor				

Date Received: _____ **Research Coordinator:** _____