



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 Spring 2026.

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 | Recommended | Signature of the respective Faculty Member |
|------------------------|----------------------------|-----------------|-------------|--|
| 1 st Choice | | | | |
| 2 nd Choice | | | | |
| 3 rd Choice | | | | |

(Note: (1) Please submit your faculty choices by rank in the following order: **Professor, Associate Professor, Assistant Professor, Senior Lecturer, and Lecturer.** Kindly avoid selecting **Lecturer** as your 1st choice and **Professor and Associate Professor** as your 2nd choice.)

(2) The 3rd choice will be selected by the Committee Members to fulfill the requirement.)

As a **Thesis (PHR5110)/ Assignment (PHR5113)** student, I desire to work in the following fields:

| Faculty Initial | Desire fields |
|-----------------|--------------------------|
| | (1 st Choice) |
| | (2 nd Choice) |
| | (3 rd Choice) |

I kindly request your approval for my faculty choice.

Thank you for your consideration.

Sincerely,

Signature of the applicant
Date: