



(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 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: