



(Form/FC-1/ 2025)

# North South University

## Application Form for Faculty Choice for the PHR520 (Project)

Date: .....

To

Chairman

Department of Pharmaceutical Sciences

**Subject: Application for Faculty Choice for the PHR520 (Project)**

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 project:

Choice	Name of the Faculty Member	Faculty Initial	Recommended	Signature of the respective Faculty Member
1 <sup>st</sup> Choice				
2 <sup>nd</sup> Choice				
3 <sup>rd</sup> 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 project student, I desire to work in the following fields:

Faculty Initial	Desire project fields
	(1 <sup>st</sup> Choice)
	(2 <sup>nd</sup> Choice)
	(3 <sup>rd</sup> Choice)

I kindly request your approval for my faculty Choice.

Thank you for your consideration.

Sincerely,

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

Date: