



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-01 (Admission Form)

Date: _____

PhD Candidate Information:

Name: _____ Degree Awarded: _____

Year: _____ CGPA: _____

Major / Minor:

Major: _____ Minor: _____

Comments of Admission Committee Members:

Exemption of Credit Hrs: _____

Course Work to be Completed (500, 600, 700, 800): _____

Total: _____

Remarks of HoD:

Signature of Committee Members:

Department Chair: _____ Member 1: _____

Member 2: _____ Member 3: _____

Member 4: _____ Member 5: _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-02 (*Supervisor and Guidance Committee*)

Date: _____

PhD Candidate

Name: _____ Enrollment No: _____

Department: _____ CGPA: _____

Signature: _____

Thesis Supervisor

Name: _____ Signature: _____

Department: _____

Address/Contact Telephone/E-mail: _____

Guidance & Examination Committee Members

S.No	Name	Address	Contact Tel/Email	Signature
1				
2				
3				
4				

APPROVAL

Department Chair: _____ Date: _____

Dean of Faculty: _____ Date: _____

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-02A (CHANGE IN THE RESEARCH TOPIC AND/OR GUIDANCE & EXAMINATION COMMITTEE (GEC))

Student's Name: _____ AU Reg No: _____

Department: _____

RESEARCH TOPIC CHANGES

OLD

NEW

COMMITTEE MEMBER CHANGES

(Signatures of those to be deleted are required. If signature for deletion cannot be obtained type reasons on the signature line)

APPROVED

NEW CHANGE

1. Signature: _____
Name : _____
Dept/Organization: _____
2. Signature: _____
Name : _____
Dept/Organization: _____
3. Signature: _____
Name : _____
Dept/Organization: _____

- Signature: _____
Name : _____
Dept/Organization: _____
- Signature: _____
Name : _____
Dept/Organization: _____
- Signature: _____
Name : _____
Dept/Organization: _____

SUPERVISOR/ CO-SUPERVISOR CHANGES

(Signature of those to be deleted and/ or added are required. If signatures cannot be obtained, type reasons on the signature line)

Signature: _____
Name : _____
Dept/Organization: _____

Signature: _____
Name : _____
Dept/Organization: _____

Signature of Supervisor (if the co-supervisor has been changed)
Dated: _____

Signature of Student
Dated: _____

Signature of Co-Supervisor (if appointed, and if the supervisor has been changed)
Dated: _____

APPROVED

Dated: _____

Chair Department

COUNTERSIGNED

Dated: _____

Dean



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-2B (MINUTES OF GEC MEETING)

Student Name: _____ Reg No: _____

Discipline: _____ Department: _____

Research Topic: _____

Date of last meeting: _____

Agenda Points*

Decision Taken

GEC Members Attending. The meeting was held on _____, following members attended:-

1. Name: _____ Signature: _____
(Supervisor)
2. Name: _____ Signature: _____
(Member)
3. Name: _____ Signature: _____
(Member)
4. Name: _____ Signature: _____
(Member)
5. Name: _____ Signature: _____
(Member)

COUNTERSIGNED

Dated: _____

Chair Department/Dean

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-03 (*Topic/Proposal Approval*)

Date: _____

PhD Candidate

Name: _____ Enrollment No: _____

Department: _____ CGPA: _____

Topic: (Max 15 words) _____

Signature: _____

APPROVAL

Supervisor: _____ Signature: _____

Guidance & Examination Committee Members:

1. _____ Signature: _____

2. _____ Signature: _____

3. _____ Signature: _____

4. _____ Signature: _____

Department Chair : _____ Date: _____

Dean of Faculty: _____ Date: _____

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-04 (REPORT OF DOCTORAL QUALIFYING EXAMINATION)

Name: _____ AU Reg No: _____

Department: _____

1st Attempt
Date: _____

Compulsory	Marks Obtained (%)	Elective	Marks Obtained (%)

PASS

FAIL

2nd Attempt
Date: _____

Compulsory	Marks Obtained (%)	Elective	Marks Obtained (%)

PASS

FAIL

(Signature of Dean/Chair Department)

Signatures of Dean Graduate Studies

Dated: _____

List the conditions that must be met beforehand and the date for next Doctoral Qualifying Exam.

Pre Conditions for Second Chance _____

Date for Next Exam _____

Signature of Supervisor
Dated: _____

Dated: _____

APPROVED

Chair Department

Dated: _____

COUNTERSIGNED

Dean

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-05 (Thesis Submission)

Name: _____ Reg No: _____

Program: _____ Intake/Session: _____

Topic: _____

Attachments: The following documents are to be attached with this form duly signed by supervisor where required.

	Date	Attached (yes/no)
1. Plagiarism Check (signed by supervisor)	_____	_____
2. Change in Thesis Title (if applicable)	_____	_____
3. Researcher Declaration	_____	_____
4. Supervisor Certificate	_____	_____
5. Progress Report	_____	_____
6. Research Paper/Conference Presentation (copy of printed abstract book front page, Paper, Certificate of Participation)	_____	_____
7. Thesis soft Copy & Plagiarism (PDF)	_____	_____

Signature of Candidate: _____

Name & Sign of Supervisor: _____

Name of GEC Members: External: _____

Internal: _____

Remarks & Signature of Graduate Coordinator: _____

Remarks & Signature Thesis Incharge: _____

Name & Sign of Chair Department: _____

Name & Sign of Dean of Faculty: _____

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021

Air University Office of Graduate Studies

PhD-Reg-05A (Thesis Submission Checklist)

This checklist should be completed at the time of submission of your thesis. One copy of this should be placed inside your thesis and one copy submitted to the Office of Graduate Studies.

Please ensure to tick all boxes.

<input type="checkbox"/>	Title page as in template
<input type="checkbox"/>	Declaration
<input type="checkbox"/>	Acknowledgments
<input type="checkbox"/>	Nomenclature (SI units, symbols and abbreviations)
<input type="checkbox"/>	Abstract
<input type="checkbox"/>	Contents
<input type="checkbox"/>	List of Figures
<input type="checkbox"/>	List of Tables
<input type="checkbox"/>	Figure captions
<input type="checkbox"/>	Table captions
<input type="checkbox"/>	Equations in table of three columns 10-80-10
<input type="checkbox"/>	References in APA 6 th Edition format
<input type="checkbox"/>	Similarity report submitted along with thesis

***Note:** *The above mentioned items may not be applicable for all discipline*

Summary

Description	Response	Comments of HoD if any
Software used (MS Word, LaTeX etc)		
Word count of thesis		
Number of pages of thesis		
Word count of abstract		
Number of Chapters		
Number of Figures		
Number of Tables		
Units used		
Number of References cited		
Number of books cited in references		
Total number of journal publications cited		
No. of journal publications of last five years cited		
Commercial or open-source codes used		
Total number of your journal papers cited		
Total number of your conference papers cited		

Name of Student:

Degree Enrolled for:

Signature of Student:

Date:

Signature of HoD:

Date:

Received by Office of Graduate Studies:

Date:



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06 (THESIS EVALUATION REPORT)

We hereby recommend that the thesis prepared under our supervision by _____

Reg. No _____ Titled _____

_____ be accepted as fulfilling in part of Doctor of Philosophy Degree.

THESIS EVALUATION COMMITTEE MEMBERS SIGNATURES

GEC Member 1: _____ Signature : _____

GEC Member 2: _____ Signature : _____

GEC Member (External) 3: _____ Signature : _____

Supervisor: _____ Signature : _____

Co-Supervisor (if appointed): _____ Signature : _____

External Evaluator 1: _____ Signature : _____
(Local Expert)

External Evaluator 2: _____ Signature : _____
(Foreign Expert)

External Evaluator 3: _____ Signature : _____
(Foreign Expert)

APPROVED

Dated: _____

Chair Department

COUNTERSIGNED

Dated: _____

Dean

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06A (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

GEC Member 1

1. Students Details:-

- a. Name : _____ b. Reg. No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06B (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

GEC Member 2

1. Students Details:-

- a. Name : _____ b. Reg. No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06C (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

GEC Member (External) 3

1. Students Details:-

- a. Name : _____ b. Regn No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06D (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

Supervisor

1. Students Details:-

- a. Name : _____ b. Regn No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06E (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

Co-Supervisor (if appointed)

1. Students Details:-

- a. Name : _____ b. Reg. No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06F (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

External Evaluator 1 (Local Expert)

1. Students Details:-

- a. Name : _____ b. Reg. No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06G (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

External Evaluator 1 (Foreign Expert)

1. Students Details:-

- a. Name : _____ b. Reg. No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-REG-06H (THESIS EVALUATION COMMITTEE MEMBERS' RESPONSE)

External Evaluator 2 (Foreign Expert)

1. Students Details:-

- a. Name : _____ b. Reg. No: _____
c. Campus : _____ d. Discipline: _____
e. Name of Supervisor: _____
f. Thesis Title: _____

2. Details of Evaluator:-

- a. Name: _____
b. Address: _____
c. Email : _____
d. Current Designation: _____

3. Please tick the appropriate box while answering the following questions regarding the PhD Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes No
- b. Do you suggest any addition, or deletion? Yes No
- c. Please tick(✓) one of the following boxes:-
- (1) Acceptable in its present form
- (2) Acceptable with minor revision (Re-evaluation NOT required)
- (3) Unacceptable for PhD degree (Re-evaluation required)

Signature of Evaluator: _____

Date : _____



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-07 (*FBGS DECLARATION FORM*)

I hereby declare that the given information in the cases being sent to FBGS is true and correct to the best of my knowledge.

**Graduate Coordinator
Signature**

**Head of Department
Signature**



PhD PROGRAM

Faculty of _____ Campus _____

PhD-Reg-08 (Thesis: Final Defense)

Date: _____

PhD Candidate

Name: _____ Enrollment No: _____

Department: _____

Topic: (Max 15 words) _____

Signature: _____

ABSTRACT (attached: maximum 200 words)

EXAMINERS

Name of GEC Member	Guidance & Examination Committee Voting to Pass*	Guidance & Examination Committee Voting to Fail*	Signature of GEC Member

*Name and signature; Advisor is Committee Chair.

If, following failure of the first examination, a second is to be permitted, please list the conditions that must be met beforehand. _____

Department Chair: _____ Date: _____

Dean of Faculty: _____ Date: _____

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



PhD PROGRAM

Faculty of _____ Campus _____
PhD-Reg-09 (Progress Report)

Date: _____

PhD Candidate

Name: _____ Enrollment No: _____

Department: _____

Topic: (Max 15 words) _____

Signature: _____

In case the Research Milestones are not relevant, list those that are relevant in your research.

S.No	Research Milestone	Remarks	Date Completed/Expected
1	Research Plan		
2	Literature Review		
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

(This Report may be required to be presented to the Faculty Board of Graduate Studies for Extension in the MS period or for any other purpose. Please note that failure to submit two consecutive monthly reports may result in cancellation of Registration of the Thesis Credit Hours)

Research Progress: Satisfactory (S) or Unsatisfactory (U)

Action Taken (if Unsatisfactory) OR Other Comments _____

Supervisor : _____ **Date:** _____

Chair Department : _____ **Date:** _____

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021

