



University of Management and Technology
DEPARTMENT OF LINGUISTICS AND COMMUNICATIONS
(DLC)

Date: _____

Name of Participant: _____ UMT ID: _____

Program: _____ Email/ Contact#: _____

A. Proposed area of Final Project

1. _____

2. _____

B. Proposed supervisor.

1. _____

Signature of the Participant

Signature of the Supervisor

Signature of Chairperson

Note: Participants are required to fulfill all under mentioned conditions for the allocation of supervisor.

- It is suggested to discuss the research area of thesis with the proposed supervisor. You might want to review the credential of the DLC faculty at the website.
- The form must be duly signed by the participant and the proposed supervisor.
- Submission of the form within due time is responsibility of the participant.
- The Department reserves the right to nominate any other supervisor.