

Faculty of Rehabilitation & Allied Health Sciences

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Change of MS-Project Form

New Title/change of the project:

Old title/change of the project:

Reason(s) -----

Names of Students

Signatures

1. _____

Project Supervisor

Date of Approval:

Project Approval Committee

Signature

1. Incharge program.

2. Associate Dean Post graduate programs & research

3. Dean FR&AHS

Approved/ Not Approved: _____