



WALAILAK UNIVERSITY
College of Graduate Studies

RESEARCH PROPOSAL FORM
FOR MASTER PROGRAM APPLICATION

Academic year _____ Term _____

Please complete the following form in English only.

PERSONAL DETAILS

Title Mr. Miss Ms. Mrs. Sex Male Female

Name _____
First name *Family name*

1. DETAILS OF YOUR PROSPECTIVE MASTER PROGRAM AND STUDY PLAN

Make sure that you have contacted your prospective advisor before completing this form.

Program _____

School/College _____

Proposed Thesis Advisor _____

Proposed Thesis Title _____

Study Plan Plan A.1 (Research Program)
 Plan A.2 (Coursework Program)
 Plan B Independent Study

Duration of _____
Your Research *Months*

2. DETAILED SCIENTIFIC RESEARCH PROPOSAL (1000 – 1500 wds). *Please provide details of the background and significance to the research being proposed, describe the hypothesis to be tested, the methods of research to be used, relevant references and any preliminary data which supports the application.*

2. DETAILED SCIENTIFIC RESEARCH PROPOSAL (1000 – 1500 wds). *Continue.*