

Research Registration Form

Faculty:

Department:

Title of the Research

Type of the Research:	
Review	
Book Chapter	
Case Study	
Other	

Research Objectives:

Abstract / Brief Introduction:

Date of apply the request:

Date of Starting the Research / Project:

Expected date of completing the Research / Project:

Place of the Research / Project:

Research / Project requirements:





Author(s) Information:

INTERNATIONAL
UNIVERSITY

No.	Name	Academic Title	Degree	Specialty	Phone No.	Email
1						
2						
3						

Faculty Academic Committee

Date:

No.:

Committee Comments:

Head of Committee Name & Signature:

Dean Approval:

University Academic committee

Date:

No.:

Committee Comments:

Head of Committee Name & Signature:

