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| **حکومەتا هەرێما کوردستانێ - عێراق**

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|  **حكومة اقليم كوردستان - العراق****وزارة التعليم العالي والبحث العلمي** **جامعة دهوك**  **کلیة الطب** |

**وەزارەتا خواندنا بلند وڤەکولینێن زانستى /زانكويا دهوك** |  |  **حكومة اقليم كوردستان - العراق** **وزارة التعليم العالي والبحث العلمي** **جامعة دهوك**  |
| **Kurdistan Regional Government – Iraq, Ministry of Higher Education & Scientific Research****University of Duhok** |

**PROPOSAL FOR ACADEMIC RESEARCH**

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| **INFORMATION OF SUPERVISOR** |
|  | **Name of Supervisor** |
|  | **Scientific Degree** |
|  |  **Specialty and Subspecialty** |
|  | **No. of Supervised M.Sc. Students**  |
|  | **No. of Supervised Ph.D. Students**  |
|  | **No. of M.Sc. Students under Supervision** |
|  | **No. of Ph.D. Students under Supervision** |
|  | **College / Department** |
|  | **Mobile Number and E - Mail** |

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| **INFORMATION OF DEPARTMENT** |
|  | **No. of M.Sc. graduation Rounds**  |
|  | **No. of Ph.D. graduation Rounds** |
|  | **No. of Professors**  |
|  | **No. of Assistant Professors**  |
|  | **No. of Lecturers**  |

**REQUIRED COURSES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **College & University** | **Scientific Degree** | **Names of Lecturers** | **Units** | **Practical****h / w** | **Theory****h / w** | **Subjects** |
|  |  |  |  |  |  |  |

**Units of Courses =**

**Units of Thesis =**

**Total Units =**

**THE RESEARCH PROPOSAL TEMPLATE**

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| **Title of Research Proposal** |
| **Name of Student** |
| **Specialty and Subspecialty** |
| **Introduction based on Literature Review** |
| **Objectives and Aims of the Study** |
| **Study Design (Type of Study)** |
|  **Data Collection and Statistical analysis** |
| **Place and Period of the Study** |
| **Materials and Methods including Sample Size (In Details)** |
| **Total Cost** |
| **References** |
| **Appendices (If it is Present)** |
| **Name and Signature of Supervisor** |
| **Name and Signature of The Head Department** |
| **Names and Signatures of The Scientific Committee** |
| **Name and Signature of The Dean** |
| **Date of Submission** |
| **Number and Date of the Council College Approval** |