

SUPERVISOR/COORDINATOR CONSENT FORM

Institution Name:.....

Programme Name:

Student Name:

Registration Number:

Thesis Title:

Declaration of the Supervisor Consent

Supervisor Name: Senior Prof/Prof/Dr.....

I certify that this work is carried out by Rev/Mr/Mrs/Ms.....
under my supervision and give my consent for him/her to submit it to the Doctoral Colloquium
of the International Conference on Management and Entrepreneurship (ICOME 2023), Faculty
of Management Studies of the Open University of Sri Lanka.

Supervisor Signature:

Date:

Declaration of the Coordinator Consent

Coordinator Name: Senior Prof/Prof/Dr.....

I certify that Rev/Mr/Mrs/Ms.....is registered under the programme of
.....and give my consent for
him/her to submit it to the Doctoral Colloquium of the International Conference on Management
and Entrepreneurship (ICOME 2023), Faculty of Management Studies of the Open University
of Sri Lanka.

Coordinator Signature:

Date: