

Albion University of Sciences & Technology

MASTER THESIS WORK

PETITION FOR CHANGE IN THE GUIDANCE COMMITTEE

Date: _____

Name: _____ Regn No: _____

Department: _____ Specialization: _____

COMMITTEE MEMBERS CHANGES

SIGNATURE OF THOSE TO BE DELETED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

Delete

Add

Signature: _____

Name: _____

Department: _____

Signature: _____

Name: _____

Department: _____

Signature: _____

Name: _____

Department: _____

Signature: _____

Name: _____

Department: _____

Signature: _____

Name: _____

Department: _____

Signature: _____

Name: _____

Department: _____

SUPERVISOR/CO-SUPERVISOR CHANGES

SIGNATURE OF THOSE TO BE DELETED AND/OR ADDED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

Signature: _____

Name: _____

Department: _____

Signature: _____

Name: _____

Department: _____

Signature of Supervisor

Signature of Student

Signature of Head of Department

Date

APPROVED

Date

(Principal)

National University of Sciences & Technology**MASTER'S THESIS WORK
SCHEDULE FOR PRELIMINARY EXAMINATION
(Approval of Research Topic)**

Name: _____

NUST Regn No: _____

Department: _____

Thesis Topic: _____

Target date of examination: _____

Supervisor: _____

Note: This form should be in the College Registration & Examination Branch one week in advance of the target date. The examination must be held within a period spanning six days before to six days after the target date. In the event of multi-part preliminary examination, only the last segment must be scheduled.

Signature of the Supervisor: _____ Date: _____

For College use:

Actual date of preliminary examination: _____

Resolution with Form TH-2 A

National University of Sciences & Technology
MASTER'S THESIS WORK

REPORT OF PRELIMINARY EXAMINATION

Name: MUST Regn No:
Department: This is a: _____ Preliminary Examination

Target date as specified on Form TH-2: _____
Actual date on which examination occurred: _____

Result of the examination: **PASS** **FAIL**

Examination Committee	
Committee members voting to PASS	Committee members voting to FAIL
_____	_____
_____	_____
(Supervisor (Committee Chair))	(Supervisor (Committee Chair))
_____	_____

Signature of Head of Department

Date

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand.

It is the student's responsibility to submit this form to the Dy Controller of Examination within two working days of the examination.

For College use only
Resolution of this form with Form TH-2: _____

Date: _____

Dean/Principal

nal University of Sciences & Technology

**MASTER'S THESIS WORK
Final Oral Exam**

Student's Name: _____ Regn No. _____

Department: _____

Title: _____

Name of the Supervisor: _____

ABSTRACT

Open to public

Location: _____

Date/Time _____

Copy to all department

Signature _____
(Thesis Advisor)

University of Sciences & Technology

MASTER THESIS WORK

I hereby recommend that the dissertation prepared under our supervision
(Student Name & Regn No.) _____
_____ be
accepted in partial fulfillment of the requirements for the award of
_____ degree.

Examination Committee Members

1. Name: _____ Signature: _____

2. Name: _____ Signature: _____

3. Name: _____ Signature: _____

Supervisor's name: _____ Signature: _____

Date: _____

Head of Department

Date

Date

COUNTERSIGNED

Date: _____

Dean/Principal

