#### FORM TH-1A

## nal University of Sciences & Technology MASTER THESIS WORK

## MASTER THESIS WORK PETITION FOR CHANGE IN THE GUIDANCE COMMITTEE Date:

, v	Name:	Regn No:
	Department:	Specialization
22	SIGNATURE OF THOSE TO	IEMBERS CHANGES O BE DELETED ARE REQUIRED tained, type the reason on the signature line Add
r <sup>7</sup> Ji	Signature:Name:	Signature:
3	DepartmentSignature:Name:Department	DepartmentSignature:Name:Department
	Signature:Name:Department	Department
	SIGNATURE OF THOSE TO BE DE	ELETED AND/ORADDED ARE REQUIRED tained, type the reason on the signature line
<b>.</b>	Signature: Name: Department	Signature: Name: Department
_	Signature of Supervisor	Signature of Student
	Signature of Head of Department APF	Date
	Date	(Principal)

## nal University of Sciences & Technology

# MASTER'S THESIS WORK SCHEDULE FOR PRELIMINARY EXAMINATION (Approval of Research Topic)

	Name:		
	NUST Regn No:		
	Department:	15	
	Thesis Topic:		
THE SECOND	Target date of examination:		
	Supervisor:		
	Note: This form should be in the College Registrative week in advance of the target date. The examinate spanning six days before to six days after the target preliminary examination, only the last segment must	ion must be held within a perio et date. In the event of multi-pa	C
	Signature of the Supervisor:	Date:	
	For College use:		
	Actual date of preliminary examination:	;	
	Resolution with Form TH-2 A		

### FORM TH-2A

# nal University of Sciences & Technology MASTER'S THESIS WORK

### REPORT OF PRELIMINARY EXAMINATION

		NUS	T Regn No:				
	nepartment:	This is a: _	Preliminary Examination				
		Annual Control of		1			
		specified on Form TH-2:					
0	Actual date on which examination occurred:						
1-	Result of the ex	kamination: PASS	FAIL	กิ			
, [		Examinati	on Committee				
	Committee me	embers voting to PASS	Committee members voting to FAIL				
		i constitución de la constitució					
	100						
	(Supervis	sor (Committee Chair)	(Supervisor (Committee Chair)				
	Secretary of the part of the p		Data				
200	100	Head of Department	Date				
8	If, following failure of a first examination, a second is to be permitted, please list the						
	conditions that	t must be met beforehan	d.				
		1 1 11	submit this form to the Dy Controller of				
	It is the s Examination v	student's responsibility to vithin two working days o	of the examination.	ķ			
				-			
	For College us		٦.				
	Resolution of	this form with Form 1 in-2	2:				
	Date:		Dean/Principal				
	Date		Deall/Fillicipal				

(Thesis Advisor)

### nal University of Sciences & Technology

## MASTER'S THESIS WORK Final Oral Exam

A September 1			
Student's Name:	Re	gn No	
Department:		A.W. Array Charles	
Title:	NA.		
Name of the Supervisor:			0
	ABSTRACT		点 経算
			67.
Open to public			
Location:		ate/Time	
Copy to all department	50		
		Signature	

#### FORM TH-4

### University of Sciences & Technology

### MASTER THESIS WORK

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acce	pted	in	partial	fulfillment degree.	of	the	requirements	for the	award	0
							ttee Members			
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3.	Name	e:	TO VIEW NO.		ANGO TI-VI-A	<u></u>	Signature:		<del></del>	
Supe	ervisor	's n	ame:		-	***************************************	Signature: Date:			6
Не	ead of	Dep	partment	- Da	<del>_</del> te		Date			
				- <u>C</u>	<u>NUC</u>	TERSI	NGED			
Date	<b>)</b> :			- <u>C</u>	<u>NUC</u>	TERSI	NGED  Dean/Prir	poinal		

### Annex 'A' Form TH-1

## nal University of Sciences & Technology MASTER'S THESIS WORK

		MACIEN O 1112 SIGN STATES
		Name: 2. Regn No:
	٠. ً	Department/Discipline:
, y	3.	Institute:
	4.	Thesis Topic:
	5.	Brief Description/Abstract:
		580
	6.	Level of Research Already Carried Out on the Proposed Topic:
	7	Reason/Justification for the Selection of the Topic:
	7.	Reason/Justinication for the Selection of the Topic.
	8.	Objectives:
	9.	Relevance to National Needs:
	10.	Advantages:

Areas of Application:

11.

#### Annex 'B' Form TH-1

### **Proposed Timeline for Research**

### <u>lles/Regulation Awareness</u>

	Are you aware of your last date to complete thesis (without Rector's extension) Please mention date.	( / /20 )
•	Are you aware of the regulations and schedule of the University for MS programmes?	Yes / No
6	Are you aware of the plagiarism policy?	Yes / No
P.	Have you read the HEC Policy on PG programmes?	Yes / No
9	Did you receive a copy of the PG Handbook?	Yes / No
•	Have you attended any MS/PhD thesis seminar?	Yes / No
Þ	If Yes, No of thesis / seminar	

**Proposed Timeline** 

Ser	Activity	To be completed by (Date)
S(0E-17-17-17-17		
8-JA-14		

(Student's Signature)	(Supervisor's Signature)	
Name	Name	
Regn No.	Date	

Note: Any change in the proposed timeline is to be intimated to the PGP Dte by submitting fresh Annex 'B' to TH-1