|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPOINTMENT OF EXAMINERS FOR INDEPENDENT STUDY OF MASTER DEGREE PROGRAMMES (SLQF Level 9)** | | | | |
| Board of Study | |  | | |
| M.Sc programme | |  | | |
| Academic Year | |  | | |
| No. | Detail of the Student | Tentative Title | Report/Proposal Examiner | |
| 01 | Name: | xxxxx | Name |  |
| xxxxxx | Affiliation |  |
| Registration Number: | Email Address |  |
| xxxxxx | Contact Number |  |
|  | | | | |
| 02 | Name: |  | Name |  |
| xxxxxx | Affiliation |  |
| Registration Number: | Email Address |  |
| xxxxxx | Contact Number |  |
|  | | | | |
| 03 | Name: |  | Name |  |
| xxxxxx | Affiliation |  |
| Registration Number: | Email Address |  |
| xxxxxx | Contact Number |  |
|  | | | | |
| 04 | Name: |  | Name |  |
|  | xxxxxx |  | Affiliation |  |
|  | Registration Number: |  | Email Address |  |
|  | xxxxxx |  | Contact Number |  |
| Comments | | Subject to approval of the Board of Study/   Approved at the  Board of Study | | |
| Programme Coordinator | | Name: |  | |
| Signature: |  | |
| Date: |  | |
| Chairman of the Board of Study | | Name: |  | |
| Signature: |  | |
| Date: |  | |