APPOINTMENT OF SUPERVISORS FOR INDEPENDENT STUDY OF MASTERS DEGREE PROGRAMMES (SLQF Level 9)							
Board of Study							
M.S	c. Programme						
Aca	demic Year						
No.	Details of the students	Tentative title	Details of the supervisor				
01	Name		Name				
			Affiliation				
	Registration number		Email Address				
			Contact Number				
	Name		Name				
02			Affiliation				
	Registration number		Email Address				
			Contact Number				
	Name		Name				
03			Affiliation				
05	Registration number		Email Address				
			Contact Number				
	Name		Name				
04			Affiliation				
04	Registration number		Email Address				
			Contact Number				
	· · · · · · · · · · · · · · · · · · ·						
05	Name		Name				
			Affiliation				
	Registration number		Email Address				
			Contact Number				

06	Name	ame		Name			
				Affiliation			
	Registration number		Email A	ddress			
			Contact	act Number			
07	Name		Name	Name			
			Affiliatio	on			
	Registration number		Email Address				
			Contact Number				
	Name		Name	ame			
08			Affiliation				
00	Registration number		Email A	Email Address			
			Contact	Contact Number			
	Name		Name				
09			Affiliation				
	Registration number		Email A	Email Address			
				Number			
Con	nments	Subject to approval of the Board of Study/ Approved at the	proval of the Board of Study/ Approved at the Board of Study				
Programme Coordinator		Name:					
		Signature	Date:				
Chairman Board of Study		Name:					
		Signature	Date:				