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| **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: |  |