

APPOINTMENT OF EXAMINERS FOR INDEPENDENT STUDY OF MASTERS DEGREE PROGRAMMES (SLQF Level 9)			
Board of Study			
M.Sc. Programme			
Name of the Student			
Registration Number			
Tentative title			
DETAILS OF THE SUPERVISOR/S			
01	Name		
	Affiliation		
	Email Address		
	Contact Number		
02	Name		
	Affiliation		
	Email Address		
	Contact Number		
DETAILS OF THE EXAMINER/S			
01	Name		
	Affiliation		
	Qualifications		
	Email Address		
	Contact Number		
02	Name		
	Affiliation		
	Qualifications		
	Email Address		
	Contact Number		
Comments			
Programme Coordinator	Name:		
	Signature	Date:	DD/MM/YYYY
Chairman Board of Study	Name:		
	Signature	Date:	DD/MM/YYYY