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| **APPOINTMENT OF EXAMINERS FOR RESEARCH PROJECTS OF MASTERS DEGREE PROGRAMMES (SLQF Level 10) / 1.5-YEAR (old syllabus) M.Sc. DEGREE PROGRAMMES** | | | | | |
| 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 PROJECT REPORT / THESIS EXAMINER/S** | | |  | | |
| 01 | Name | |  | | |
| Affiliation | |  | | |
| Qualifications | |  | | |
| Email Address | |  | | |
| Contact Number | |  | | |
| 02 | Name | |  | | |
| Affiliation | |  | | |
| Qualifications | |  | | |
| Email Address | |  | | |
| Contact Number | |  | | |
| **DETAILS OF THE ORAL EXAMINER** | | |  | | |
| 01 | Name | |  | | |
| Affiliation | |  | | |
| Qualification | |  | | |
| Email Address | |  | | |
| Contact Number | |  | | |
| Comments | | GPA: ……… No. of credits : …………… Results released on : ……………..  Initial Submission date………..… Re submission date (if any)…………………..  Date of Progress review Seminar : …………….. Subject to approval of the Board of Study /   Approved at the  Board of Study held on ……………….. | | | |
| Programme Coordinator | | Name: | | | |
| Signature | | Date: | DD/MM/YYYY |
| Chairman Board of Study | | Name: | | | |
| Signature | | Date: | DD/MM/YYYY |