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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 |