

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).....	
Programme Coordinator		Date of Progress review Seminar : Subject to approval of the Board of Study / Approved at the Board of Study held on	
Chairman Board of Study		Name:	
		Signature	Date: DD/MM/YYYY
		Name:	
		Signature	Date: DD/MM/YYYY