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| **APPOINTMENT OF SUPERVISORS FOR INDEPENDENT STUDY OF MASTERS DEGREE PROGRAMMES (SLQF Level 9)** |
| **Board of Study** |  |
| **M.Sc. Programme** |  |
| **Academic Year** |  |
|  |
| No. | **Details of the students** | **Tentative title** | **Details of the supervisor** |
| 01 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 02 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 03 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 04 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 05 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 06 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 07 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |  |  |
|  |
| 08 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
|  |
| 09 | Name |  | Name |  |
|  | Affiliation |  |
| Registration number | Email Address |  |
|  | Contact Number |  |
| Comments | Subject to approval of the Board of Study/   Approved at the  Board of Study |
| Programme Coordinator  | Name: |
| Signature | Date: |  |
| Chairman Board of Study  | Name: |
| Signature | Date: |  |