

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:		