

# National University of Sciences & Technology

## MASTER'S THESIS WORK

### Formulation of Guidance and Examination Committee

Name: ..... Regn No: .....

Department: ..... Specialization: \_\_\_\_\_

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

#### Thesis Supervisor/Advisor:-

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Thesis Committee Members

1. Name: \_\_\_\_\_

Department \_\_\_\_\_

Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_

Department \_\_\_\_\_

Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_

Department \_\_\_\_\_

Signature: \_\_\_\_\_

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Department

#### APPROVAL

\_\_\_\_\_  
Dean/Principal

Date: \_\_\_\_\_

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**National University of Sciences & Technology**

**MASTER'S THESIS WORK  
SCHEDULE FOR PRELIMINARY EXAMINATION  
(Approval of Research Topic)**

Name: \_\_\_\_\_

NUST Regn No: \_\_\_\_\_

Department: \_\_\_\_\_

Thesis Topic: \_\_\_\_\_

Target date of examination: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Note: This form should be in the College Registration & Examination Branch one week in advance of the target date. The examination must be held within a period spanning six days before to six days after the target date. In the event of multi-part preliminary examination, only the last segment must be scheduled.

**Signature of the Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For College use:

Actual date of preliminary examination: \_\_\_\_\_

Resolution with Form TH-2 A

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**National University of Sciences & Technology**  
**MASTER'S THESIS WORK**

**REPORT OF PRELIMINARY EXAMINATION**

Name: ..... NUST Regn No: .....

Department: ..... This is a: \_\_\_\_\_ Preliminary Examination

Target date as specified on Form TH-2: _____
Actual date on which examination occurred: _____

Result of the examination: **PASS**  **FAIL**

<b>Examination Committee</b>	
Committee members voting to <b>PASS</b>	Committee members voting to <b>FAIL</b>
_____	_____
_____	_____
_____	_____
(Supervisor (Committee Chair))	(Supervisor (Committee Chair))
_____	_____

\_\_\_\_\_  
Signature of Head of Department

\_\_\_\_\_  
Date

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand.

\_\_\_\_\_

It is the student's responsibility to submit this form to the Dy Controller of Examination within two working days of the examination.

For College use only

Resolution of this form with Form TH-2: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Dean/Principal

\_\_\_\_\_

# National University of Sciences & Technology

## MASTER'S THESIS WORK Final Oral Exam

Student's Name: \_\_\_\_\_ Regn No. \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Name of the Supervisor: \_\_\_\_\_

### ABSTRACT

Open to public

Location: \_\_\_\_\_

Date/Time \_\_\_\_\_

**Copy to all department**

Signature \_\_\_\_\_  
(Thesis Advisor)

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# National University of Sciences & Technology

## MASTER THESIS WORK

We hereby recommend that the dissertation prepared under our supervision  
by: (Student Name & Regn No.) \_\_\_\_\_

Titled: \_\_\_\_\_ be  
accepted in partial fulfillment of the requirements for the award of  
\_\_\_\_\_ degree and awarded grade \_\_\_\_\_. \_\_\_\_\_ (Initial).

### Examination Committee Members

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Date

**COUNTERSIGNED**

Date: \_\_\_\_\_

\_\_\_\_\_  
Dean/Principal

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# National University of Sciences & Technology

## MASTER THESIS WORK

### PETITION FOR CHANGE IN THE GUIDANCE COMMITTEE

Date: \_\_\_\_\_

Name: ..... Regn No: .....

Department: ..... Specialization.....

#### COMMITTEE MEMBERS CHANGES

##### SIGNATURE OF THOSE TO BE DELETED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

##### Delete

##### Add

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Department \_\_\_\_\_

#### SUPERVISOR/CO-SUPERVISOR CHANGES

##### SIGNATURE OF THOSE TO BE DELETED AND/OR ADDED ARE REQUIRED

If signature for deletion cannot be obtained, type the reason on the signature line

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Department \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Department \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Head of Department

\_\_\_\_\_  
Date

#### APPROVED

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Principal)