

APPOINTMENT OF EXAMINERS FOR RESEARCH PROJECTS OF MASTERS DEGREE PROGRAMMES (SLQF Level 10) AND 1.5-YEAR 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 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			
Programme Coordinator	Name:		
	Signature	Date:	DD/MM/YYYY
Chairman Board of Study	Name:		
	Signature	Date:	DD/MM/YYYY