

APPOINTMENT OF EXAMINERS FOR INDEPENDENT STUDY OF MASTER DEGREE PROGRAMMES (SLQF Level 9)				
Board of Study				
M.Sc programme				
Academic Year				
No.	Detail of the Student	Tentative Title	Report/Proposal Examiner	
01	Name:	xxxxx	Name	
	xxxxxx		Affiliation	
	Registration Number:		Email Address	
	xxxxxx		Contact Number	
02	Name:		Name	
	xxxxxx		Affiliation	
	Registration Number:		Email Address	
	xxxxxx		Contact Number	
03	Name:		Name	
	xxxxxx		Affiliation	
	Registration Number:		Email Address	
	xxxxxx		Contact Number	
04	Name:		Name	
	xxxxxx		Affiliation	
	Registration Number:		Email Address	
	xxxxxx		Contact Number	
Comments				
Programme Coordinator		Name:		
		Signature:		
		Date:		
Chairman of the Board of Study		Name:		
		Signature:		
		Date:		