

National University of Sciences & Technology

MASTER'S THESIS WORK

Formulation of Guidance and Examination Committee

Name: _____ Regn No. _____

Department: _____ Specialization: _____

Credit Hour Completed: _____ GPA / CGPA: _____

Course Work Completed

| <u>S. No</u> | <u>Code</u> | <u>Title</u> | <u>Core / Elective</u> | <u>CH</u> | <u>Grade</u> |
|--------------|-------------|--------------|------------------------|-----------|--------------|
|--------------|-------------|--------------|------------------------|-----------|--------------|

Date _____

Students Signature _____

Thesis Committee Members

Supervisors Name _____

Signature: _____

Members

1. Name: _____

Department: _____

Signature: _____

2. Name: _____

Department: _____

Signature: _____

3. Name: _____

Department: _____

Signature: _____

Date _____

Signature of Head of Department

APPROVAL

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