

**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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