

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

Examination Committee	
Committee members voting to PASS	Committee members voting to FAIL
_____	_____
_____	_____
_____	_____
(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
