



University of Wah
MS THESIS EVALUATION REPORT

We hereby recommend that the thesis prepared under our supervision by student _____
Registration No _____ Titled: _____
be accepted for oral Defense of MS Research as fulfilling in part MS Degree.

THESIS EVALUATION COMMITTEE MEMBERS' SIGNATURE

(Thesis Evaluation Committee Members Responses are on attached Forms 809A)

Supervisory Committee (Convener): _____ Signature: _____

Supervisory Committee (Member-1): _____ Signature _____

Supervisory Committee (Member-2): _____ Signature _____

Supervisory Committee (Member-3): _____ Signature _____

Co-Supervisor (if appointed): _____ Signature _____

Evaluator 1: _____ Signature _____

Evaluator 2: _____ Signature _____

Evaluator 3: _____ Signature _____

APPROVED

Dated: _____

Chairperson of the Department

COUNTERSIGNED

Date: _____

Dean of the Faculty

Distribution

- 4 x Copies retained at Main Office, UW (1 each with Registrar, Controller of Examination, and Director Academics, Advanced Studies and Research, 1 x copy of this form shall be maintained in the student's dossier at the Constituent Institution).
- Copy to each Supervisor.
- Co-Supervisor (if appointed)
- Copy to sponsoring agency (if any)
- Copy to the student.