



Faculty of _____

MS PROGRAM

MS-Reg-01 (*Supervisor and Guidance Committee*)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____ CGPA: _____

Signature: _____

Thesis Supervisor

Name: _____ Signature: _____

Department: _____

Address/Contact Telephone/E-mail: _____

Guidance & Examination Committee Members

S.No	Name	Address	Contact Tel/Email	Signature
1				
2				
3				

APPROVAL

Department Chair : _____ Date: _____

Dean Faculty: _____ Date: _____

Note: FBGS Approval required with effect from intake of Fall 2015 may be attached with the form

Copies: 1) Dean 2) Deptt Chair 3) Supervisor 4) Registrar 5) Director Exams



Faculty of _____
MS PROGRAM

MS-Reg-01-A (Change in Guidance & Examination Committee)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____ CGPA: _____

Signature: _____

Thesis Supervisor

Name: _____ Signature: _____

Department: _____

Address/Contact Telephone/E-mail: _____

New Guidance & Examination Committee Members

S.No	Name	Address	Contact Tel/Email	Signature
1				
2				
3				

Old Guidance & Examination Committee Members

S.No	Name	Address	Contact Tel/Email	Signature
1				
2				
3				

Reason for Change: _____

Change effective from (Date): _____

APPROVAL

Department Chair: _____ Date: _____

Dean of Faculty: _____ Date: _____

Note: FBGS Approval required with effect from intake of Fall 2015 may be attached with the form

Copies: 1) Dean 2) Deptt Chair 3) Supervisor 4) Registrar 5) Director Exams



Faculty of _____
MS PROGRAM

MS-Reg-01-B (*Change of Supervisor*)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____ CGPA: _____

Signature: _____

New Thesis Supervisor

Name: _____ Signature: _____

Department: _____

Address/Contact Telephone/E-mail: _____

Old Thesis Supervisor

Name: _____ Signature: _____

Department: _____

Address/Contact Telephone/E-mail: _____

Reason for Change: _____

Change effective from:

APPROVAL

Department Chair: _____ Date: _____

Dean of Faculty: _____ Date: _____

Note: FBGS Approval required with effect from intake of Fall 2015 may be attached with this form

Copies: 1) Dean 2) Deptt Chair 3) Supervisor 4) Registrar 5) Director Exams



Faculty of _____
MS PROGRAM

MS-Reg-02 (*Topic/Proposal Approval*)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____ CGPA: _____ Attempt: 1st ___ or 2nd ___

Topic: (Max 15 words) _____

Signature: _____

RESULT: **PASS** _____ **OR** **FAIL** _____

APPROVAL

Supervisor: _____ Signature: _____

Guidance & Examination Committee Members:

1. _____ Signature: _____

2. _____ Signature: _____

3. _____ Signature: _____

Department Chair : _____ Date: _____

Dean Faculty : _____ Date: _____

Copies: 1) Dean 2) Deptt Chair 3) Supervisor 4) Registrar 5) Director Exams



Faculty of _____
MS PROGRAM

MS-Reg-03 (*Thesis: Oral Examination*)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____

Topic: (Max 15 words) _____

Signature: _____

TOPIC: _____

ABSTRACT (attached: maximum 200 words)

EXAMINERS

GEC Voting to Pass* without observation	GEC Voting to Pass* with minor changes	GEC Voting to withhold Pass* due to major changes required (second final defense, if needed)	GEC Voting to Fail**

**Name and signature; Advisor is Committee Chair.*

If GEC is of the opinion that a second final defense is to be permitted due to major changes required, please indicate the time for it and list the conditions that must be met beforehand. _____

Department Chair : _____ **Date:** _____

Faculty Dean : _____ **Date:** _____

Copies: 1) Dean 2) Deptt Chair 3) Supervisor 4) Registrar 5) Director Exams



Faculty of _____
MS PROGRAM

MS-Reg-04 (Thesis: Final Grading)

Date: _____

Name of Candidate: _____

Enroll. No. _____

Department: _____

Program _____

Sr.No.	Member	Name	Signature

Supervisor's Marks (40)

Description	Max Marks	Marks Obtained
Attendance	10	
Research Progress	15	
Thesis	15	
---	40	----

GEC without Supervisor (60)

Description	Marks	Member 1	Member 2	Average
Thesis	20			
Subject Knowledge	15			
Presentation	15			
Q & A	10			
Total	60			

Total Marks (100)

Marks Obtained

Marks from Supervisor: 40
 Marks from GEC (without Supervisor): 60
 100

A	A-	B+	B	B-	C+	C	F
87	82	77	72	67	62	57	<57

Letter Grade Awarded: _____

Department Chair: _____ Date: _____

Faculty Dean: _____ Date: _____

Copies: 1) Dean 2) Deptt Chair 3) Supervisor 4) Registrar 5) Director Exams



Faculty of _____

MS PROGRAM

MS-PR (*Quarterly Research Progress Report*)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____ Program: _____

Topic: (Max 15 words) _____

Signature: _____

In case the Research Milestones are not relevant, list those that are relevant in your research.

S.No	Research Milestone	Remarks	Date Completed/Expected
1	Research Plan		
2	Literature Review		
3	Modeling		
4	Simulation		
5	Programming		
6	Verification (with Benchmarks)		
7	Verification (with Experiment)		
8	Write-up: Intro		
9	Write-up: Theory		
10	Write-up: Results		
11	Write-up: Conclusions		
12	Review		

(This Report may be required to be presented to the Faculty Board of Graduate Studies for Extension in the MS period or for any other purpose. Please note that failure to submit two consecutive reports may result in cancellation of Registration of the Thesis Credit Hours)

Research Progress: Satisfactory (S) or Unsatisfactory (U)

Action Taken (if Unsatisfactory) OR Other Comments _____

Supervisor: _____ **Date:** _____

Chair Department: _____ **Date:** _____

Copies: 1) GEC 2) Deptt Chair 3) Supervisor 4) Director Exams



Faculty of _____
MS/ M.Phil PROGRAM

MS-PR (*Quarterly Research Progress Report*)

Date: _____

MS Candidate

Name: _____ Enrollment No: _____

Department: _____ Program: _____

Topic: (Max 15 words) _____

Signature: _____

List Research Milestones relevant in your research.

S.No	Research Milestone	Remarks	Date Completed/Expected
1	Research Plan		
2	Literature Review		

(This Report may be required to be presented to the Faculty Board of Graduate Studies for Extension in the MS/ M.Phil period or for any other purpose. Please note that failure to submit two consecutive reports may result in cancellation of Registration of the Thesis Credit Hours)

Research Progress: Satisfactory (S) or Unsatisfactory (U)

Action Taken (if Unsatisfactory) OR Other Comments _____

Supervisor: _____ **Date:** _____

Chair Department: _____ **Date:** _____

Copies: 1) GEC 2) Deptt Chair 3) Supervisor 4) Director Exams