



### MS PROGRAM

Faculty of \_\_\_\_\_ Campus \_\_\_\_\_

**MS/MPhil/MBA-Reg-01** (*Supervisor and Guidance Committee*)

Date: \_\_\_\_\_

#### **MS Candidate**

Name: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

Department: \_\_\_\_\_ CGPA: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **Thesis Supervisor**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Address/Contact Telephone/Email: \_\_\_\_\_

#### **Guidance & Examination Committee Members**

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

#### **APPROVAL**

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam**

**Applicable from Fall, 2023**



**MS PROGRAM**

Faculty of \_\_\_\_\_ Campus \_\_\_\_\_

**MS/MPhil/MBA-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 FGS 2) Dept. Chair 3) Supervisor 4) Registrar 5) Dir. Exams**

**Applicable from Fall, 2023**



**MS Program**

**MS/MPhil/MBA-Reg-01-B** (*Change of Supervisor*)

**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 FGS 2) Dept. Chair 3) Supervisor 4) Registrar 5) Dir. Exams**

**Applicable from Fall, 2023**



**MS/MPhil/MBA-Reg-02 (Topic Approval)**

Date: \_\_\_\_\_

**MS Candidate**

Name: \_\_\_\_\_ Enrollment No:  
\_\_\_\_\_

Department: \_\_\_\_\_ CGPA: \_\_\_\_\_

Topic: (Max 15 words) \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**APPROVAL**

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Guidance & Examination Committee Members:

1. \_\_\_\_\_ Signature: \_\_\_\_\_

2. \_\_\_\_\_ Signature: \_\_\_\_\_

3. \_\_\_\_\_ Signature: \_\_\_\_\_

Department Chair : \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_



MS/MPhil/MBA-Reg-03 (Thesis: Oral Examination) Date: \_\_\_\_\_

**MS Candidate**

Name: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

Department: \_\_\_\_\_

Topic: (Max 15 words) \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**ABSTRACT (attached: maximum 200 words)**

**EXAMINERS**

Name of GEC Member	Guidance & Examination Committee Voting to Pass*	Guidance & Examination Committee Voting to Fail*	Signature of GEC Member

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

*If, following failure of the first examination, a second is to be permitted, please list the conditions that must be met beforehand. \_\_\_\_\_*

\_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

Applicable from Fall, 2021



MS Program

Faculty of \_\_\_\_\_ Campus \_\_\_\_\_

MS/MPhil/MBA-Reg-04 (Thesis: Final Grading) Date: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ Enroll. No. \_\_\_\_\_

Department: \_\_\_\_\_

S.No.	Member	Name	Signature
1.	Supervisor		
2.	Co-Supervisor		
3.	Internal		
4.	External		

**Supervisor's Marks (40)**

Description	Max Marks	Marks Obtained
Attendance	10	_____
Research Progress	15	_____
Thesis	15	_____
	<b>40</b>	

**GEC without Supervisor (60)**

Description	Marks	Member 1 (Supervisor)	Member 2 (Internal)	Member 3 (External)	Average
Thesis	15				
Subject/Research Knowledge	15				
Presentation	10				
Q & A	10				
Publication	10				
<b>Total</b>	<b>60</b>				

	Total Marks (100)	Marks Obtained
Marks from Supervisor:	40	_____
Marks from Internal:	30	_____
Marks from External:	30	_____
	<b>100</b>	_____

A	A-	B+	B	B-	C+	C	F
85-100	80-84.99	70-79.99	65-69.99	60-64.99	55-59.99	50-54.99	<50

Letter Grade Awarded: \_\_\_\_\_

Chair Department: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_



MS PROGRAM

Faculty of \_\_\_\_\_ Campus \_\_\_\_\_

**MS/MPhil/MBA-Reg-05** (Thesis Submission)

Name: \_\_\_\_\_ Reg No: \_\_\_\_\_

Program: \_\_\_\_\_ Intake/Session: \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Attachments:** The following documents are to be attached with this form duly signed by supervisor where required.

	Date	Attached (yes/no)
1. Plagiarism Check (signed by supervisor)	_____	_____
2. Change in Thesis Title (if applicable)	_____	_____
3. Researcher Declaration	_____	_____
4. Supervisor Certificate	_____	_____
5. Progress Report	_____	_____
6. Research Paper/Conference Presentation (copy of printed abstract book front page, Paper, Certificate of Participation)	_____	_____
7. Thesis soft Copy & Plagiarism (PDF)	_____	_____

Signature of Candidate: \_\_\_\_\_

Name & Sign of Supervisor: \_\_\_\_\_

Name of GEC Members: External: \_\_\_\_\_

Internal: \_\_\_\_\_

Remarks & Signature of Graduate Coordinator: \_\_\_\_\_

Remarks & Signature Thesis Incharge: \_\_\_\_\_

Name & Sign of Chair Department: \_\_\_\_\_

Name & Sign of Dean of Faculty: \_\_\_\_\_

**Copies:** 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam

**Applicable from Fall, 2023**

## Air University Office of Graduate Studies

### MS/MPhil/MBA-Reg-05A (Thesis Submission Checklist)

This checklist should be completed at the time of submission of your thesis. One copy of this should be placed inside your thesis and one copy submitted to the Office of Graduate Studies.

Please ensure to tick all boxes.

<input type="checkbox"/>	Title page as in template
<input type="checkbox"/>	Declaration
<input type="checkbox"/>	Acknowledgments
<input type="checkbox"/>	Nomenclature (SI units, symbols and abbreviations)
<input type="checkbox"/>	Abstract
<input type="checkbox"/>	Contents
<input type="checkbox"/>	List of Figures
<input type="checkbox"/>	List of Tables
<input type="checkbox"/>	Figure captions
<input type="checkbox"/>	Table captions
<input type="checkbox"/>	Equations in table of three columns 10-80-10
<input type="checkbox"/>	References in APA 6 <sup>th</sup> Edition format
<input type="checkbox"/>	Similarity report submitted along with thesis

*\*Note: The above mentioned items may not be applicable for all disciplines*

### Summary

Description	Response	Comments of HoD if any
Software used (MS Word, LaTeX etc)		
Word count of thesis		
Number of pages of thesis		
Word count of abstract		
Number of Chapters		
Number of Figures		
Number of Tables		
Units used		
Number of References cited		
Number of books cited in references		
Total number of journal publications cited		
No. of journal publications of last five years cited		
Commercial or open-source codes used		
Total number of your journal papers cited		
Total number of your conference papers cited		

Name of Student:

Degree Enrolled for:

Signature of Student:

Date:

Signature of HoD

Date:

Received by Office of Graduate Studies:

Date:





MS PROGRAM

Faculty of \_\_\_\_\_ Campus \_\_\_\_\_

**MS/MPhil/MBA-Reg-06** (*Thesis Examination Result*)

S. No	Reg. No.	Session	Semester	Student's Name	Thesis Title	Supervisor	Credit Hrs.	Final Defense Examination (FDE) Date	Grade

\_\_\_\_\_  
Thesis Coordinating Faculty

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean of Faculty

\_\_\_\_\_  
Dean FGS

Dated: \_\_\_\_\_

**Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam**



MS PROGRAM

Faculty of \_\_\_\_\_ Campus \_\_\_\_\_

**MS/MPhil/MBA-Reg-07 (FBGS DECLARATION FORM)**

I hereby declare that the given information in the cases being sent to FBGS is true and correct to the best of my knowledge.

**Graduate Coordinator  
Sign**

**Head of Department  
Sign**



**MS/MPhil/MBA-Reg-08** (*Quarterly Progress Report*)

Date: \_\_\_\_\_

**MS Candidate**

Name: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

Department: \_\_\_\_\_

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			
4			
5			
6			
7			
8			
9			
10			
11			
12			

(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 monthly 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) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam**

**Applicable from Fall, 2021**



**MS/MPhil/MBA-Reg-09** ( \_\_\_\_\_ *Defense Comments*)

**MS Candidate:**

Name: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

Department: \_\_\_\_\_ CGPA: \_\_\_\_\_

**Approval by Guidance & Examination Committee Member**

Comments:

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies: 1) Dean FGS 2) Dept Chair 3) Supervisor 4) Registrar 5) Dir. Exam**

**Applicable from Fall 2021**