



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, 2021



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) Deptt Chair 3) Supervisor 4) Registrar 5) Dir. Exams

Applicable from Fall, 2021



MS PROGRAM

Faculty of _____ Campus _____

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

Applicable from Fall, 2021



MS PROGRAM

Faculty of _____ Campus _____

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 PROGRAM

Faculty of _____ Campus _____
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.	Internal		
3.	External		
4.			

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	Member 3	Average
Thesis	15				
Subject/Research Knowledge	15				
Presentation	10				
Q & A	10				
Publication	10				
Total	60				

Total Marks (100) Marks Obtained

Marks from Supervisor:	40	
Marks from Internal	30	
Marks from External	<u>30</u>	_____
	100	

A	A-	B+	B	B-	C+	C	F
85-100	80-84	75-79	70-74	65-69	60-64	50-59	<50

Letter Grade Awarded: _____

Chair Department: _____ 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-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: _____

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 th 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

Applicable from Fall, 2021



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 PROGRAM

Faculty of _____ Campus _____
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

