**MASTER’S THESIS WORK**

**REPORT OF PRELIMINARY EXAMINATION**

**FORM TH-2A**

Name: …………………………….. NUST Regn No: ……..………….………..

Department: ………………… This is a: \_\_\_\_\_\_\_\_\_ Preliminary Examination

Target date as specified on Form TH-2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual date on which examination occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_

Result of the examination: **PASS FAIL**

**Examination Committee**

Committee members voting to **PASS** Committee members voting to **FAIL**

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(Supervisor (Committee Chair) (Supervisor (Committee Chair)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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.

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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 |