**UNIVERSITY OF BALTISTAN, SKARDU**

**Department …………..**

**Thesis Evaluation Form**

Name of Student: ……………………………………………………… Reg. No: ………………

Program:………………………….... Thesis Title: ……………………………………………......

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name of Supervisor: …………………………………………………..... Date: ………………….

**For Office Use Only**

1. Approved without changes:
2. Approved with changes:  Minor  Major
3. Not approved (Redo):

**Thesis Evaluation Committee**

|  |  |  |
| --- | --- | --- |
| **Designation** | **Name** | **Signature** |
| External Evaluator |  |  |
| Supervisor |  |  |
| Head of Department |  |  |
| Dean’s Nominee |  |  |
| University Representative |  |  |