**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  |  |  |