



COMSATS University Islamabad

MS Thesis Evaluation Form

1. Master of Science in _____
 Department: _____ Course Code: _____
 Student's Name: _____ Registration No: _____
 Supervisor: _____ Date of Examination: _____
 Title of the Thesis: _____

.....
 Title must be same as notified by Registrar Office Principal Seat Islamabad

2. External Examiner:

Name: _____ Institution: _____
 Email: _____ Phone: _____

3. Observations: Please (✓) appropriate box

	Excellent	Good	Average	Poor
Appropriateness of research study:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation of Thesis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of student on conducted research:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....

4. Comments :

Strength: _____

Weaknesses: _____

5. Evaluation of thesis: Please (✓) one of the following boxes

a.	Approved in Present Form		
b.	Approved with Minor Revisions (Please mention the suggested revisions overleaf)		Specify the time for revision (one, two or three weeks)
c.	Deferred with Major Revisions (Please mention the suggested revisions overleaf)	One Semester	Two Semesters
d.	Not Acceptable	Research on a different topic is to be undertaken	The candidate has terminally failed

Signatures of Panel of Examiners:

 External Examiner

 Supervisor

 Chairperson/HoD



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Student's Name:

Registration No:

6. In case of 5(b), Minor Revisions to be recommended in the following box:

I Authorize the Supervisor to ensure the incorporation of suggestions in the revised thesis without my further review. Yes No

7. In case of 5(c), Major Revisions to be recommended in the following box:

Use a separate sheet if required

Signatures of Panel of Examiners :

External Examiner

Supervisor

Chairperson/HoD