FORM: GS-09 (v1)

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COMSATS University Islamabad

Oral Exams of Ph.D. Thesis - Report of Evaluation Committee Evaluation Date: Time:

Ev	aluation Date:	1 me:	
Student's Name	Registra	ation No:	
Supervisor's Name:			
Title of Thesis: "			
Evaluation by the Committee I	Members: - Please see ov	erleaf for further instructions	1
	Oral Presentation	Written Thesis	Signature
1. Examiner	FP	A D N	
Remarks:			
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	Oral Presentation	Written Thesis	Signature
2. Examiner	FP	ADN	
Remarks:			
	Oral Presentation	Written Thesis	Signature
3.	Гр		
Supervisor CUI C	'ampus	ADN	
Remarks:			
	Oral Presentation		Signature
4. Head,			Signature
Department of CUI,	F P	ADN	
Remarks:			
Kellidi No.	0.15		
5. Chairperson,	Oral Presentation	Written Thesis	Signature
Department of CUI.	FP	ADN	
Remarks:			
6. Dean,	Oral Presentation	Written Thesis	Signature
Faculty of	FP	A D N	
CUI.			
Remarks:			



COMSATS University Islamabad

	of Ph.D. Thesis - Report valuation Date:		nmittee
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Title of Thesis: "			·
Evaluation by the Committee	e Members: - <u>Please see ov</u>	erleaf for further instruction	<u>s</u>
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2. Examiner	Oral Presentation	Written Thesis	Signature
Remarks:			
	Oral Presentation	Written Thesis	Signature
3. Supervisor CUI	Campus F P	A D N	
Remarks:			
4. Head, Department of CUI,	Oral Presentation F P Campus	Written Thesis A D N	Signature
Remarks:			
5. Chairperson, Department of CUI.	Oral Presentation F P	Written Thesis A D N	Signature
Remarks:			
6. Dean, Faculty of CUI.	Oral Presentation FPP	Written Thesis A D N	Signature
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Evaluation by the Committee Members: - Please see overleaf for further instructions Oral Presentation Written Thesis Signature Examiner Oral Presentation Written Thesis Signature Examiner Oral Presentation Written Thesis Signature Oral Presentation Written Thesis Signature Signature Oral Presentation Written Thesis Signature	Oral Exams of Ph.D. Thesis - Report of Evaluation Committee Evaluation Date: Time:					
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A. Head, Department of CUI, Campus F P	Remarks:					
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S. Chairperson, Department of CUI. Remarks: Oral Presentation F P A D N Signature Signature F P A D N Oral Presentation Faculty of CUI.	Remarks:					
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Remarks: ___

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Oral Exams of Ph.D. Thesis - Report of Evaluation Committee Evaluation Date: _____ Time: ____ Student's Name ______ Registration No: ______ Supervisor's Name: Title of Thesis: "______ Evaluation by the Committee Members: - <u>Please see overleaf for further instructions</u> **Oral Presentation Written Thesis Signature** Examiner Remarks: _____ **Signature Oral Presentation Written Thesis** 2. Examiner **Oral Presentation Written Thesis Signature** 3. D Supervisor CUICampus Remarks: ___ **Oral Presentation Written Thesis** Signature Head, Department of CUI, Campus Remarks: **Oral Presentation Written Thesis Signature** Chairperson, D Department of CUI. Remarks: **Oral Presentation Written Thesis Signature** Dean, D Faculty of CUI.

Instructions:

Please check the appropriate box as per the following:

Oral Presentation

Pass P

Fail F

Written Thesis

Accepted A

Deferred D

Not Acceptable N

Note:

In case of a **'Deferred'** grade, please mention the time period required/ needed by the scholar to incorporate suggested changes.