



National University of Sciences & Technology
REPORT OF QUALIFYING EXAMINATION PART-B (ORAL EXAM)
(To be filled by Institution)

Name: _____ MUST Regn No: _____

Institution: _____ Department: _____

Passed Part-A of the Qualifying Exam on Date: _____

1st Attempt Date: _____ **2nd Attempt** Date: _____

	<u>QUALIFIED</u>	<u>NOT QUALIFIED</u>	
1. GEC Member-1	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____
2. GEC Member-2	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____
3. GEC Member-3 (External)	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____
4. Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____
5. Co-Supervisor (if appointed)	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____
6. HOD	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____
7. Dean/Commandant/ Principal	<input type="checkbox"/>	<input type="checkbox"/>	Signature _____ Dr. _____

FINAL RESULT OF THE QUALIFYING EXAMINATION PART-B

PASS **FAIL**

In case of failure in first attempt: - List the conditions that must be met beforehand and the date for next Qualifying Exam – Part B

Date for 2nd Attempt: _____

GEC Comments page by each member, clearly mentioning the reasons for student's failure is attached. yes No

Finalized Research Topic: _____

Dated: _____

APPROVED

Signature of Supervisor

Dated: _____

COUNTERSIGNED

Head of the Department

Dated: _____
Dean/Commandant/Principal/DG

Distribution:
01 x original copy each to Exam Branch, at Main Office NUST and in student's dossier at the School/College/Centre
01 x photocopy each to PGP Dte, Supervisor and sponsoring agency (if any).