UNIVERSITY OF BALTISTAN, SKARDU
Department _____

Thesis Evaluation Form

Name of Student: …… Reg. No: ……

Program:……..... Thesis Title: …….....

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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		