

MS HRM Industry Practicum
Formulation of Guidance and Examination Committee

Name: _____

Regn No: _____

Date: _____

Student's Signature: _____

Business Project Supervisor

Name: _____

Signature: _____

Department: _____

Business Project Committee Members

1. Name: _____

Signature: _____

Department: _____

2. Name: _____

Signature: _____

Department: _____

Date

Signature of Head of Department

APPROVAL

Date

Dean

Annex 'A' Form IP-1
(MUST BE TYPE WRITTEN)

7. Target Date for Completion of Industry Practicum: _____

FORM IP-2

(MUST BE TYPE WRITTEN)

MS HRM Industry Practicum REPORT OF PRELIMINARY EXAMINATION

Name: _____ NUST Regn No: _____

Department: **NUST BUSINESS SCHOOL**. This is a: _____ Preliminary Examination

Result of the examination: **PASS**

☐

FAIL

☐

Examination Committee

Committee members voting to **PASS**

Committee members voting to **FAIL**

Committee member 1 name: _____

Committee member 2 name: _____

(Supervisor (Committee Chair))

(Supervisor (Committee Chair))

Signature of Head of Department

Date

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand.

_____.

It is the student's responsibility to submit this form to the Dy Controller of Examination within two working days of the examination.

Date: _____

Dean/Principal

MS HRM Industry Practicum

Student's Name: _____

Regn. No.: _____

Title: _____

Name of Supervisor: _____

Executive Summary

Open To Public

Location: _____

Date/Time: _____

Copy to all Departments

Signature (Supervisor)

MS HRM Industry Practicum

We hereby recommend that the business project report prepared under our supervision by:

(Student Name & Regn No.) _____

Titled: _____ be

accepted and awarded grade _____. _____ (Initial).

Supervisor's name: _____

Signature: _____

Date: _____

Signature of Head of Department

Date

COUNTERSIGNED

Dean / Principal

Date

MS HRM Industry Practicum

<u>Faculty Members</u>		<u>Marks out of 20</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
Total Marks:		_____
Weight or Average:		_____

Supervisor's name: _____

Signature: _____

Date: _____

Signature of Head of Department

Date

COUNTERSIGNED

Dean / Principal

Date