

MS L & SCM Industry Project
Formulation of Guidance and Examination Committee

Name: _____

Regn. No: _____

Date: _____

Student's Signature: _____

Industry Project Supervisor

Name: _____

Signature: _____

Department: _____

Industry Project GEC Members

1. Name: _____

Signature: _____

Department: _____

2. Name: _____

Signature: _____

Department: _____

Date

Signature of Head of Department

APPROVAL

Date

Dean

MS L & SCM Industry Project

1. Name: _____ Regn No: _____

2. Project Title: _____

3. Brief Description/Abstract and Scope:

4. Reason/Justification for undertaking this Project:

5. Objectives:

6. Areas of Application:

7. Target Date for Completion of Industry Project: _____

FORM IP-2

(MUST BE TYPE WRITTEN)

**MS L & SCM Industry Project
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 L & SCM Industry Project

Student's Name: _____

Regn. No.: _____

Title: _____

Name of Supervisor: _____

Executive Summary

Open To Public

Location: _____

Date/Time: _____

Copy to all Departments

Signature (Supervisor)

MS L & SCM Industry Project

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 L & SCM Industry Project

Faculty Members

Marks out of 20

- 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