



QUALITY ASSURANCE AGENCY
MS/M.Phil./Equivalent Program Review University Proforma
 This Proforma is to be completed by the university prior to the
HEC Program Review Committee Visit
 (Semester wise details of Enrolled Students)

Program Name

 (e.g Management Sciences)

Semester

 (e.g Fall 2014)

Sr. No.	Name of Student	16 Year Education Completed	GAT General / Equivalent Test	Last Degree Obtained (e.g Bsc. Eng)	Semester Load (How much credit hours registered for this semester)	For Research Base Program		
		Yes/No	Yes/No			Thesis Topic	Approval of Synopsis	Allocation of Supervisor
							Yes/No	if yes, mention the name of Supervisor
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Note:

- 1- The details of students (Semester wise) may please be attached, on the same template.
- 2- For Annual System, Please provide details on yearly bases.
- 3- Please Attach extra sheets as per requirement, on the same Template.