

Sri Lanka Institute of Information Technology
Faculty of Postgraduate and Research
M.Sc. in IT / IS / IM
Research Project (600/620/640)



Research Project Registration Form

Student Details		
Name with initials		
Registration number		
e-mail		
Telephone		
Research Supervisor		
Name	Prof./Dr./Mr./Ms.	
Attached University/ Institute/Company		
Designation		
Address		
Telephone (Office)		
Telephone (Mobile)		
Fax		
E-mail		
Date of acceptance		
Signature		
Research Details		
Title		
Description	Attached a brief description (One Page). Refer to the guidelines published in courseweb.sliit.lk	
Previous Research Project Details (Only for Repeat Students)		
Project Title		
Supervisor Name		
Status	Proposal	Accepted / Rejected
	Thesis Defense	Accepted with major revision/Rejected/ Other
For Office Use		
Proposal Defense Date		
Outcome of the Proposal Defense	No Changes Required/Amended/Re-proposed	
Remarks		