

DU-ARDS BSc/MSc Thesis Supervision Record

This Thesis Supervision Record form must be completed to record formal meetings between a DU-ARDS student member and his/her supervisor and co-supervisor at least fourteen (14) times a semester for two (2) consecutive semesters.

Student information:

- (a) Name: _____
- (b) Roll No.: _____
- (c) Registration No.: _____
- (d) Session: _____

Thesis Title: _____

Supervisor: _____

Co-supervisor: _____

Does this work involve collaboration w/ external Organization (Yes/No)?

- (a) Name of Organization: _____
- (b) Name of contact at Organization: _____
- (c) Address of Organization: _____

Meeting date: _____

Signature

Supervisor:

Date:

Signature

Co-supervisor:

Date:

Last meeting action points agreed and plan for next meeting	Completed

Supervisor(s) comments: (include an agreed plan for the next research period including a record of any training courses taken where appropriate)