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Research Student Feedback / Review Form

(To be filled out by MS and Ph. D Research Students at the time of submission of thesis final copy)

Name: Reg. No.:

Thesis Initiation Semester: Supervisor:

Credit Hours Completed:

Please give your feedback on the following questions:

(1) Highly Dissatisfied (2) Dissatisfied (3) Uncertain (4) Satisfied (5) Highly Satisfied

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| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| a) Level of supervision received from the supervisor. | □ | □ | □ | □ | □ |
| b) Access to required scientific equipment/tools for research. | □ | □ | □ | □ | □ |
| c) Accessibility of sufficient research material. | □ | □ | □ | □ | □ |
| d) Thesis coordination/administration provided by graduate office. | □ | □ | □ | □ | □ |

1. Any comments on generic or subject-specific training that you may have received/needed internally and / or externally?

2. Any other comment / suggestion for improvement:

Signature:

Date: