

Approval of M.Sc./M.V.Sc. Student's Advisory Committee

1.	Name of Student:
2.	I.D. No.:
3.	Date of Enrollment:
4.	Department:
5.	Faculty:

Composition of Advisory Committee

Advisory committee	Name and Designation	Affiliated Institution	Signature
1. Chair-person			
2. Member			

Recommendation:

Chairperson (Signature & date):

Department Head (Signature & date): _____

Approved:

Faculty Dean (Signature & date):