



## Capital University of Science and Technology

Islamabad Expressway, Kahuta Road, Zone-V, Islamabad

Phone: +92 51 111 555 666, Fax: 92 51 4486705

Email: [info@cust.edu.pk](mailto:info@cust.edu.pk), Website: <http://www.cust.edu.pk>

### Research Student Feedback / Review Form

(To be filled out by M. Phil 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

	1	2	3	4	5
a) Level of supervision received from the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Access to required scientific equipment/tools for research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Accessibility of sufficient research material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Thesis coordination/administration provided by graduate office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_