



REMARKS & COMMENTS FORM (AFTER CORRECTION)

Programme / Division : (Please tick { } one)

<input type="checkbox"/>	EC701	Master of Science in Structural Engineering
<input type="checkbox"/>	EC702	Master of Science in Geotechnical Engineering
<input type="checkbox"/>	EC703	Master of Science in water Resources Engineering
<input type="checkbox"/>	EC704	Master of Science in Environmental Engineering
<input type="checkbox"/>	EC705	Master of Science in Construction Engineering
<input type="checkbox"/>	EC706	Master of Science in Highway Engineering

STUDENT NAME	
STUDENT NO.	

PANEL 1

Name: _____

Date :

Signature:

Remarks/Comments:

PANEL 2

Name: _____

Date:

Signature:

Remarks/Comments:

SUPERVISOR

Name: _____

Date :

Signature:

Remarks/Comments:
