



CONFIDENTIAL REPORT OF EXAMINER TO THE RESEARCH AND RESEARCH TRAINING COMMITTEE ON THESIS SUBMITTED FOR THE DEGREE OF MASTER OF RESEARCH

Name of Candidate:

Student No:

Name of Supervisor:

Title of Thesis:

Name of Examiner:

Report Due Date:

PART I: REPORT OF EXAMINATION

In my judgement this thesis: (Please tick appropriate boxes)

Table with 5 columns: Question, Yes, Marginal, No, and Percentage. Rows include criteria for adequacy, empirical outcomes, and literary presentation, followed by a percentage award section.

I recommend: (Please tick ONE only)

- AWARD: That the thesis meets all required standards...
AWARD (AFTER CORRECTIONS): That the thesis meets all required standards...
REVISION and RE-EXAMINATION: That the thesis does not yet meet all required standards...
NOT AWARD: That the thesis does not meet the required standards...

REQUEST FOR CONFIDENTIALITY:

I do NOT wish my name to remain on Part II of the report referred to the candidate

Signature of Examiner:

Date:



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PART II:

Please state concisely the grounds on which the recommendation is based, indicating the strengths and weaknesses of the thesis. This should be in sufficient detail for candidates to gain clear understanding of your opinion of their work and the means by which your conclusions were reached.

Where further work is required, please indicate clearly those revisions and/or corrections which you wish to see made. Supplementary sheets may be attached.

Name of Candidate: «StudentName»

Name of Examiner: «Supervisor»

Signature of Examiner:

Date: