

EXAMINATION AND GRADUATION DIVISION ACADEMIC AND ADMINISTRATION SERVICES DEPARTMENT UNIVERSITI MALAYA, 50603 KUALA LUMPUR Email: bpp_aasd@um.edu.my

PANEL EVALUATION FOR CANDIDATURE DEFENCE

Note: This form is to be completed by the Chairperson in response to a candidate undertaking Candidature Defence.

| Candidate's Details | | | | |
|------------------------------------|------------|------------|----------------------|--|
| Name: | | | Matric Number: | |
| Programme: | Doctoral | Masters | | |
| Mode of | Research | Mixed Mode | | |
| Programme: | Coursework | Clinical | | |
| Mode of Study: | Full Time | Part Time | Current Semester: | |
| Title of Thesis / Dissertation: | | | | |
| Date of Presentation: | | | | |
| Supervisor (s): | | | | |

EVALUATION BY PANEL

Note: Please fill in the total marks for each section acquired by the candidatewith reference to Appendix C.

| Criteria | Panel 1 Marks | Panel 2 Marks | Panel 3 Marks (optional) | Average Marks |
|--|------------------|------------------|--------------------------------|------------------|
| 1. Introduction | | | | |
| 2. Literature Review | | | | |
| 3. Conceptual Framework / Methods / Approach | | | | |
| 4. Results and Discussions | | | | |
| 5. Conclusion | | | | |
| 6. Academic Style, Language and References | | | | |
| 7. Communication / Presentation (Q&A) | | | | |
| Total Marks | | | | |

*Note – Based on UM grading scheme, the passing mark is 65.00 and above.

RECOMMENDATION BY PANEL

Note: Please tick (\checkmark) in the appropriate box.

| The candidate PASSES the Candidature Defence | | | |
|--|--|---|--|
| The candidate has FAILED the Candidature Defence | | The candidate is required to presen again. (The panel may recommend the time frame for candidate to presen again). | |
| | | *The candidature is terminated | |

*Note: This is given if the candidate has failed the Candidature Defence for two (2) consecutive times

COMMENTS BY PANEL

Note:

- 1.
- State the main items that the candidate needs to improve upon. State if the candidate needs to refer to specific comments made by the panel members. Please use additional papers if required. 2.
- 3.

CONFIRMATION BY PANEL MEMBERS

Note: By signing this form, Panel members agree with the outcome.

| | | Name | Signature |
|-----|-------------------------------|------|-----------|
| (1) | Chairperson: | | |
| (2) | Panel Member 1: | | |
| (3) | Panel Member 2: | | |
| (4) | Panel Member 3 (Optional): | | |
| | Date: | | |