



### CONFIRMATION PANEL EVALUATION FORM FOR CANDIDATURE DEFENCE PRESENTATION

(This form is to be completed by the Chairperson in response to a candidate undertaking confirmation)

Candidate's Details			
Name:		Matric Number:	
Programme:	<input type="checkbox"/> Doctoral <input type="checkbox"/> Masters	Current semester:	
Mode of Programme:	<input type="checkbox"/> Coursework <input type="checkbox"/> Mixed Mode <input type="checkbox"/> Clinical <input type="checkbox"/> Research		
Mode of Study	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Title of Thesis:			
Date of Presentation:			
Supervisor(s):			

Recommendation By Panel (Please tick (√) in the appropriate box) <b>scale</b>	PANEL 1					PANEL 2					CHAIRPERSON
	1	2	3	4	5	1	2	3	4	5	
1. Title and Abstract											
2. Introduction											
3. Literature review											
4. Conceptual Framework / Methods / Approach											
5. Discussion and Conclusion											
6. Academic Style, Language and References											
7. Communication / Presentation											

\*Please refer Table 1 at appendix B for reference

**Recommendation By Panel**  
*(Please tick (✓) in the appropriate box)*


The candidate's Candidature Defence is  Excellent  Good / Pass  Fail

The candidate has failed the Candidature Defence and is required to present again within \_\_\_\_\_ weeks.

The candidate's has failed the Candidature Defence and the candidature is changed to the Master's level (for conventional Doctoral candidates only)

The candidate's has failed the Candidature Defence and his/her candidature is terminated (if the candidate has failed the Candidature Defefence for two (2) consecutive times.

Panel Comments (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 paper if required)

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**Confirmation by Panel Members**  
 (By signing this form Panel members agree with the outcome)

	Name	Signature
(1) Chairperson:	_____	_____
(2) Panel Member:	_____	_____
(3) Panel Member:	_____	_____
(4) Panel Member (If more than 2):	_____	_____

Date: \_\_\_\_\_

## APPENDIX B

**TABLE 1**

<b>SCALE</b>	<b>INTERPRETATION</b>	<b>MARKS</b>
1	POOR	0-7
2	UNSATISFACTORY	8-14
3	SATISFACTORY	15-21
4	GOOD	22-28
5	EXCELLENT	29-35