



Office of the Deputy Dean (Postgraduate)

POSTGRADUATE RESEARCH FINDINGS PRESENTATION SUMMARY

Date / Time:		Department:		Supervisor:	
Name of Student:				Matric Number:	
Programme:	☐ Master	☐ PhD	Mode:	☐ Mix Mode	☐ Research Only ☐ Clinical Specialist
Research Title:					

Comment by Head of Assessor

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Assessment Summary

No	Name of Assessors	Designation	Mark	Signature
1				
2				
3				
4				
	Average Mark <i>Satisfactory mark is 70% and above</i>			

Result

☐ Pass ☐ Fail

Verified by

	Name	Designation	Signature
1		Supervisor	
2		Head of Department	
3		Deputy Dean (Postgraduate)	