

Office of the Deputy Dean (Postgraduate)

POSTGRADUATE RESEARCH PROPOSAL 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									
Assessment Summary									
No	Name of Assessors				Designation		Mark	Signature	
1									
2									
3									
4									
	Average Ma	ı rk mark is 70% and	d above						
Result Pass Fail									
Verified by									
	Name				Designa	Designation		Signature	
1					Supervis	or			
2					Head of I	Department			
3					Deputy D	ean (Postgraduate)			