PART I:  CONFIDENTIAL REPORT OF EXAMINER TO THE
HIGHER DEGREE RESEARCH COMMITTEE ON THESIS SUBMITTED FOR THE
DEGREE OF MASTER

Name of Candidate:  
Name of Supervisor:  
Date of Thesis Submission:  
Title of Thesis:  
Name of Examiner:  

REPORT OF EXAMINATION:  Please tick appropriate boxes.

In my judgement this thesis:  
(a) has adequately delineated the topic of concern in the context of current knowledge from the perspective of theoretical and/or professional positions; ☐ ☐ ☐
(b) has satisfactorily linked empirical outcomes or new evaluations with the relevant literature; ☐ ☐ ☐
(c) is satisfactory as regards its literary presentation; ☐ ☐ ☐
(d) contains material suitable for publication. ☐ ☐ ☐
(e) (i) Would you consider this thesis to be in the top 5% you have examined? ☐ ☐
   (ii) Would you consider this thesis to be in the top 10% you have examined? ☐ ☐
   (ii) How many research theses have you examined?  

I recommend:  (Please tick)
☐ AWARD: That the degree be awarded.
☐ AWARD (LIBRARY): That the degree be awarded with minor amendment to the Library copy of the thesis only.
☐ MINOR CORRECTIONS: That the degree be awarded provided that minor corrections and/or additions as specified in my report are carried out to all copies of the thesis and carried out to the satisfaction of the University.
☐ MAJOR CORRECTIONS: That the degree be awarded provided that major corrections and/or additions as specified in my report are carried out to all copies of the thesis and carried out to the satisfaction of the University.
☐ REVISION and RE-EXAMINATION: That the candidate be permitted to resubmit the thesis in a revised form for re-examination after a further period of study and research.
   ☐ I am prepared to re-examine this thesis  ☐ I am NOT prepared to re-examine this thesis
☐ NOT AWARD: That the candidate be not awarded the degree.

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: ......................
PART II: REPORT OF EXAMINER TO THE CANDIDATE
ON THESIS SUBMITTED FOR THE
DEGREE OF MASTER

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:

Name of Examiner:

Signature of Examiner: .......................................................... Date: .................