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

Name of Candidate:                        Student No:
Name of Supervisor:                      Department:
Date of Thesis Submission:
Title of Thesis:
Name of Examiner:

REPORT OF EXAMINATION: Please tick appropriate boxes.

In my judgement this thesis:

(a) makes a contribution to knowledge in the area with which it deals by presenting new facts; ☐ ☐ ☐

(b) makes a contribution to knowledge in the area with which it deals by demonstrating an independent critical ability to evaluate existing material in a new light; ☐ ☐ ☐

(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

☐ AWARD OF LESSER DEGREE: That the honours degree of Master be not awarded but that the degree of Master be awarded.

☐ 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: ________________
Please state concisely the grounds on which the recommendation is based, indicating the strengths and weaknesses of the thesis. Where further work is required, please provide information that might assist the candidate to appropriately modify the thesis. Supplementary sheets may be attached.

Name of Candidate:

Name of Examiner:

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