



Office of the Deputy Dean (Postgraduate)

POSTGRADUATE RESEARCH PROPOSAL PRESENTATION SUMMARY

Date / Time:		Department:		Supervisor:		
Name of Student:				Matric Number:		
Programme:	<input checked="" type="checkbox"/> Master	<input type="checkbox"/> PhD	Mode:	<input type="checkbox"/> Mix Mode	<input type="checkbox"/> Research Only	<input type="checkbox"/> 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				
	Average Mark <i>Satisfactory mark is 65% and above</i>			

Result

Pass Fail

Verified by

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