**HIGHER DEGREES BY RESEARCH ORAL EXAMINATION REPORT FORM**

**STUDENT AND EXAMINATION DETAILS**

|  |  |  |
| --- | --- | --- |
| Candidate Name: | Click here to enter text. | |
| Candidate ID Number: | Click here to enter text. | |
| College/ School: | Click here to enter text. | |
| Degree to be examined: | PhD | Masters by Research |
| Thesis Title: | Click here to enter text. | |
| Date of oral examination: | Click here to enter a date. | |
| Venue: | Click here to enter text. | |

**EXAMINATION PANEL IN ATTENDANCE**

|  |  |
| --- | --- |
| Independent Chair: | Click here to enter text. |
| Oral Examiner: | Click here to enter text. |
| Second Examiner: | Click here to enter text. |
| Any additional attendees:  (Supervisors/Director Research) | Click here to enter text. |

|  |
| --- |
| Overall candidate's performance in the oral examination.  (General comments on candidates performance in the oral examination)  Click here to enter text. |

**EXAMINERS’ RECOMMENDATION**

|  |  |  |
| --- | --- | --- |
| Based on the assessment and oral examination, the examiners recommend: | | *Please select ONE of the following boxes only* |
| i | The degree in which the candidate enrolled shall be awarded |  | |
| ii | The degree shall be awarded upon fulfilling the requirements of minor corrections suggested by the examiners to the thesis and or any related component of the thesis, including the creative works to the satisfaction of the examiner or a person nominated by the examiner within: *[please select one]*  1 month  2 months  3 months  The Independent Chair should clearly outline all the corrections and a time frame for its completion by the candidate. Any correction/s suggested by the examiners shall be completed by the student and approved by the:  Oral Examiner/s or Nominee  Senior Supervisor  Higher Degree by Research Committee Nominee  Pro Vice Chancellor Research & Innovation  Both Examiners |  | |
| iii | To refer the thesis to the appropriate authority within the University for consideration of the award of another degree. |  | |
| iv | Not to award the degree. |  | |

Signed: …………………………………………………………………… Date: Click here to enter a date.

Name: Click here to enter text.

**Oral Examiner I**

Signed: …………………………………………………………………… Date: Click here to enter a date.

Name: Click here to enter text.

**Oral Examiner II**

Signed: …………………………………………………………………… Date: Click here to enter a date.

Name Click here to enter text.

**Independent Chair**

Signed: …………………………………………………………………… Date: Click here to enter a date.

Name Click here to enter text.

**Chair HDRC**

Signed: …………………………………………………………………… Date: Click here to enter a date.

Name Click here to enter text.

**Chair Senate**