**Examiners Comments / Matrix**

Please ensure all changes/corrections are captured accordingly by the student.

**GUIDELINES**

1. Use this form to capture the Matrix of the Examiners comments and changes/corrections done.
2. The student will submit the completed form to the College for endorsements and Centre for Graduate Studies (CGS) for Chair Graduate Examination Sub Committee (GESC) approval.

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| **STUDENT DETAILS** |
| **Student ID Number:** | Click here to enter text. |
| **Student Name:**(Surname/First Name) | Click here to enter text. |
| **Thesis Title:** | Click here to enter text. |
| **Programme Level:** | [ ]  Master by Research [ ]  PhD |
| **College:** | Click here to enter text. |

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| **Examiner** | **Corrections suggested** | **Corrections done** | **Page number.** |
| 1 |  |  |  |
| 2 |  |  |  |

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| **CERTIFICATION BY THE STUDENT** |
| By signing this form, I agree that the information provided above is true and correct. |
| **Student Name**(Surname/First Name) | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

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| **CERTIFICATION BY THE PRINCIPAL SUPERVISOR** |
| **Name****(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |
| **CERTIFICATION BY THE CO-SUPERVISOR** |
| **Name****(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |
| **CERTIFICATION BY THE COLLEGE ASSOCIATE DEAN GRADUATE STUDIES AND RESEARCH** |
| **Name****(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |
| **CERTIFICATION BY THE COLLEGE DEAN**  |
| **Name****(Surname/First Name)** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

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| **GESC APPROVAL** |
| **Recommendation:** Click here to enter text. |
| **Name:** Click here to enter text.**Chair GESC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date. |