



**CONFIRMATION PANEL EVALUATION FORM FOR  
PROPOSAL DEFENCE SEMINAR**

*(This form is to be completed by the Chairperson in response to a candidate undertaking confirmation.)*

Candidate's Details			
Name:		Matric Number:	
Programme:	<input type="checkbox"/> Doctoral <input type="checkbox"/> Masters	Current semester:	
Mode of Programme:	<input type="checkbox"/> Coursework <input type="checkbox"/> Mixed Mode <input type="checkbox"/> Clinical Coursework <input type="checkbox"/> Research	Research Area:	
Title of Thesis / Dissertation*:			
Date of Presentation:			
Supervisor(s):			

Recommendation By Panel <i>(Please tick (✓) in the appropriate box)</i>	Satisfactory	Unsatisfactory
1. Research Proposal Report		
2. Seminar Presentation		
3. The candidate's proposal is not confirmed and required to present again within _____ weeks.		
4. Panel Comments (State the main items that the candidate needs to improve upon. State if the candidate needs to refer to specific comments made by the panel members. Please use additional paper if required)		

**Confirmation by Panel Members**  
**(By signing this form Panel members agree with the outcome)**

	<b>Name</b>	<b>Signature</b>
(1) Chairperson:	_____	_____
(2) Panel Member:	_____	_____
(3) Panel Member:	_____	_____
(4) Panel Member (If more than 2):	_____	_____

Edited-14.08.2017