



**CONFIRMATION PANEL EVALUATION FORM FOR  
CANDIDATURE DEFENCE PRESENTATION**

*(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:			
Date of Presentation:			
Supervisor(s):			

**Recommendation By Panel**

*(Please tick (✓) in the appropriate box)*

- The candidate's candidature defence is confirmed.
- The candidate's candidature defence is not confirmed and required to present again within \_\_\_\_\_ weeks.
- The candidate's confirmation defence is not confirmed and change candidature to masters level (for Doctoral candidates only)
- The candidate's candidature defence is not confirmed and termination of candidature (if candidate has failed candidature defence for 2 consecutive times and/or has received unsatisfactory progress reports for the last 3 semester)

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)

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**Confirmation by Panel Members**

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

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