

RESEARCH PROGRESS EVALUATION CHAIRMAN'S REPORT

DATE :
TIME :
VENUE :

Name of Candidate	
Student ID.	
Programme	
Faculty	
Title of Thesis	
Supervisor(s)	
Chairman	
Name of Examiner	1.
	2.

COMMENTS/FEEDBACK

1. TITLE:

2. ABSTRACT:

3. OTHERS:

The Panel of Examiners, in its capacity as Committee Members of this examination, after evaluating the candidate's thesis and after the examination of the candidate for the degree of Doctor of Philosophy / Master arrived with the following decisions:

Please tick '✓' in the appropriate box

Decision / Result	Decision		Recommendation
	1	<input type="checkbox"/>	Pass the Research Progress Evaluation and allowed to continue studies. Suggested date of thesis submission: _____
2	<input type="checkbox"/>	Conditional Pass – Candidate needs to re-sit the Research Progress Evaluation. Duration of correction: _____	
The corrected thesis will be verified & certified by	Both Examiners		<input type="checkbox"/>
	Any one of the Examiners		<input type="checkbox"/>
	Supervisor		<input type="checkbox"/>
New Title (As proposed by Panel of Examiners, if any)			
Other remarks, if any			

Examiner 1:

Examiner 2:

Signature:

Signature:

Name:

Name:

Date:

Date:

CHAIRMAN

Signature:	Name:	Date:
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