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**SUMMARY RECOMMENDATION FORM ON MASTERS**

**DISSERTATION/THESIS**

Name of candidate:………………………………………………………………………………………………………

Department/Institute/Faculty……………………………………………………………………………………

Degree registered for……………………………………………………………………………………………………

Title of dissertation:……………………………………………………………………………………………………

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EXAMINER’S RECOMMENDATION\*

1. The degree be awarded subject to incorporation of minor

Changes and typographical corrections

2. The degree be not awarded; but the candidate be allowed

To revise and re-submit the dissertation for re-examination

3. The dissertation be rejected outright

Name of examiner :……………………………………………………………………………………………………………….

Contact address:……………………………………………………………………………………………………………………

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Telephone:……………………………………………..Email…………………………………………..

Signature:……………………………………………………………..Date:……………………………………………………..

\*Please tick in the appropriate box

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