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SUMMARY RECOMMENDATION FORM ON MASTERS DISSERTATION/THESIS

Name of candidate:.....

Department/Institute/College.....

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
