

FBIT FESNS FEAS FEEd FSc FSSH FHSc

Candidates Name: Student Number:

Name of Degree/Program: Date of oral exam:

Research topic:

Outcome of examination: Satisfactory Unsatisfactory

Comments of Candidacy Committee: (Please address strengths and weaknesses of research proposal and offer recommendations. Attached additional pages as required).

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Name of Supervisor	Signature	Date (dd/mmm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Co-supervisor (if applicable)	Signature	Date (dd/mmm/yyyy)

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Name of Candidacy Committee Member	Signature	Date (dd/mmm/yyyy)

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Name of Candidacy Committee Member	Signature	Date (dd/mmm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of External Committee Member	Signature	Date (dd/mmm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Chair of Candidacy Committee	Signature	Date (dd/mmm/yyyy)

Approval for Transfer from Master's to PhD Program (if applicable):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Dean of SGPS/Designate	Signature	Date (dd/mmm/yyyy)