

FBIT 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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Supervisor	Signature	Date (dd/mmm/yyyy)
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Co-supervisor, if applicable	Signature	Date (dd/mmm/yyyy)
<input type="text"/>	<hr style="border: 0; border-top: 1px solid #ccc;"/>	<input type="text"/>
Candidacy committee member	Signature	Date (dd/mmm/yyyy)
<input type="text"/>	<hr style="border: 0; border-top: 1px solid #ccc;"/>	<input type="text"/>
Candidacy committee member	Signature	Date (dd/mmm/yyyy)
<input type="text"/>	<hr style="border: 0; border-top: 1px solid #ccc;"/>	<input type="text"/>
External committee member	Signature	Date (dd/mmm/yyyy)
<input type="text"/>	<hr style="border: 0; border-top: 1px solid #ccc;"/>	<input type="text"/>
Chair of candidacy committee	Signature	Date (dd/mmm/yyyy)

Approval for transfer from master's to doctoral program (if applicable):

<input type="text"/>	<hr style="border: 0; border-top: 1px solid #ccc;"/>	<input type="text"/>
Dean of SGPS/designate	Signature	Date (dd/mmm/yyyy)