



Form 807-B

PHD THESIS EVALUATION COMMITTEE MEMBERS' RESPONSES

Committee Member Position (Please Select One)

- | | |
|---|---|
| <input type="checkbox"/> Supervisor Committee (Convener) | <input type="checkbox"/> Supervisor Committee (Co-Supervisor) |
| <input type="checkbox"/> Supervisory Committee (Member 1) | <input type="checkbox"/> Supervisory Committee (Member 2) |
| <input type="checkbox"/> Supervisory Committee (Member | <input type="checkbox"/> External Evaluator 1 |
| <input type="checkbox"/> External Evaluator 2 | <input type="checkbox"/> External Evaluator 3 |

1. Students Detail: -

- a. Name: _____ b. Regn No: _____
- c. Campus: _____ d. Discipline: _____
- e. Name of Supervisor: _____
- f. Thesis Title: _____
- _____

2. Details of Evaluator:-

- a. Name: _____
- b. Address: _____
- c. Email: _____
- d. Current Designation: _____

3. Please tick the appropriate box with answering the following questions regarding the PhD

Thesis (also kindly attach separable detailed comments in response to each of the questions):-

- a. Is this a significant contribution to the body of knowledge? Yes ☐ No ☐
- b. Do you suggest any addition, or deletion? Yes ☐ No ☐
(If yes, give details)
- c. Please tick(✓) one of the following boxes:-
- | | |
|--|--------------------------|
| (i) Pass (Acceptable in its present form) | <input type="checkbox"/> |
| (ii) Pass with minor revision (Re-evaluation NOT required) | <input type="checkbox"/> |
| (iii) Deferred for Resubmission (Re-evaluation required) | <input type="checkbox"/> |
| (iv) Fail | <input type="checkbox"/> |

Signature of Evaluator: _____

Date: _____