UNIVERSITY OF CAPE COAST
SCHOOL OF GRADUATE STUDIES

EXAMINATION OF THESIS

(Ph.D./M.Phil./M.COM/MN)

Details of Candidate

Surname:

Other Names:

Registration Number:

Ph.D. ☐   M.Phil. ☐ M.COM ☐   MN ☐

Degree Sought	Area of Specialization

Title of
Thesis:

Assessment

Area of Assessment	Score Maximum	Score Awarded
1. Problem specification/research objectives/questions/hypotheses	10	
2. Knowledge of relevant literature/theoretical/conceptual framework *(whichever is applicable)*	15	
3. Design of the research/data collection methods *(whichever is applicable)*	15	
4. Problem Solving/Logical reasoning/Data Analysis *(whichever is applicable)*	20	
5. Major findings and soundness of discussion	20	
6. Conclusions and recommendations	10	
7. Quality of presentation (Appropriate and grammatical use of language, layout, referencing, etc.)	10	
Total	**100**	

Recommendation

Please indicate your overall assessment of the thesis by ticking appropriate boxes.

Pass ☐	(a) No corrections are required ☐
	(b) Corrections are required (*Give details on a separate sheet*). ☐
	Grade: **A** (80%-100%) ☐ **B+** (75%-79%) ☐ **B** (70%-74%) ☐
	C+ (65%-69%) ☐ **C** (60%-64%) ☐ **Mark:** [ ]
Fail ☐ The thesis must be re-submitted for assessment within **three** months.	Specific sections of the thesis require substantial changes or revision. (*Give details on a separate sheet.*)
	Below 60% **Mark:** [ ]

Please note that by the regulations governing Graduate Studies of this University, any grade below C (60%) is referred. It will therefore not be appropriate to award any grade below Grade C and recommend that the thesis be "passed subject to corrections" at the end of your report.

Detailed Report

Please attach a detailed report on a separate sheet. In the report, comment on each of the Areas of Assessment outlined above as well as the relevance and importance of the findings and original contribution to knowledge made, especially, for PhD thesis.

Details of Examiner

Name:	Signature:

Postal Address:

Email:	Tel:	Date: