



Department of Chemistry
Research & Graduate Studies Committee (RGSC)

Postgraduate Assessment (following 12 months of research)

Form to be held by supervisor until report and oral are complete and then sent to the RGSC

General Details

Name: _____

Student Number: _____

Supervisor: _____

Project Title: _____

Date of commencement of Research: _____ (dd/mm/yyyy)

Examiners

Nomination of Examiners:

1. _____ 2. _____

Signature (Supervisor): _____ Date: _____

Approved by Research & Graduate Studies Committee: Yes / No (please select as appropriate)

Signature (Chair, RGSC) : _____ Date: _____

Report

Submission of Report (by 01/09/04): _____ (dd/mm/yyyy)

Signed by:

Student: _____ Date: _____

Examiner (1): _____ Date: _____

Examiner (2): _____ Date: _____

Supervisor: _____ Date: _____

Oral Examination (by 01/10/04): _____ **(dd/mm/yyyy)**

Quality of written report:

Presentation:

Content:

Report on oral examination:

Recommended Corrections:

Overall Recommendation:

- Proceed to PhD II
- Proceed to MSc
- Recommend repeat Oral / Report (please cross out as appropriate.)

Additional Comments:

Signed:

Examiner (1): _____

Date: _____

Examiner (2): _____

Date: _____

Countersigned:

Supervisor: _____

Date: _____

