**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**PGD FINAL EXAMINATION REPORT (*VIVA VOCE*)**

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| **Session:** |  |
| **Date:** |  |

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| **Department:** |  |
|  |  |
| **Faculty:** |  |

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| **Name of Student:** | | | | |  | | | | | | | |  | |  | | | | | | |
| (Surname) | | | | | | | | | | (Other Names) | | | | | | | | | | | |
| **Registration Number:** | | | | | |  | | | | | | | | | | | | | | | |
| **Phone Number:** | | | |  | | | | | | | | | | | | Email: |  | | | | |
| **Diploma for which Candidate was Examined:** | | | | | | | | | | | | | |  | | | | | | | |
| **Title of Project:** | | |  | | | | | | | | | | | | | | | | | | |
| **Examiner’s Comments on Title of Project:** | | | | | | | | | | |  | | | | | | | | | | |
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| **Standard of Presentation of Project:** | | | | | | | | |  | | | | | | | | | | | | |
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| **Extent and Relevance of Existing Knowledge Used and Acknowledgement of Sources:** | | | | | | | | | | | | | | | | | | | | |  |
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| **Original Contribution(s) Made:** | | | | | | | |  | | | | | | | | | | | | | |
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| **Breadth of knowledge of the Subject Area Displayed During the Oral Examination:** | | | | | | | | | | | | | | | | | | |  | | |
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| **Performance of the Candidate in the Oral with regard to the Field covered by Project:** | | | | | | | | | | | | | | | | | | | | |  |
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| **Report on Course Work and Written Examination where Applicable (Please attach):** | | | | | | | | | | | | | | | | | | | |  | |
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| **Any General Comments (Please use extra sheets where necessary):** | | | | | | | | | | | | | | | | |  | | | | |
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| **Examiner’s Recommendations:** | | | | | | | | | | | | | | | | | | | | | | |
|  | Score: |  | | | | | Grade | | | | |
|  | That the project should be: | | | | | | | | | | | | | | | | | | | | | |
|  | accepted as presented | | | | | | | | | | | | | | | | | | | | | |
|  | referred for corrections to be certified by the Internal Examiner 1 or Internal Examiner 2 | | | | | | | | | | | | | | | | | | | | | |
|  | rejected and degree not awarded | | | | | | | | | | | | | | | | | | | | | |
|  | Any other appropriate recommendations by the examiners (use extra sheet if necessary): | | | | | | | | | | | | | | | | | | | | | |
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|  | **Name** |  |  | **Signature** |  | **Date** |
|  |  | |  |  |  |  |
|  | Supervisor | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Internal Examiner 1 | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Internal Examiner 2 | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Head of Department (Chairman) | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Representative of Provost, CPGS | |  |  |  |  |
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**CERTIFICATION OF CORRECTION OF THESIS (WHERE REQUIRED)**

We certify that the corrections required to be made in the project have been made. It is therefore recommended that the project be accepted and the diploma awarded.

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|  | **Name** |  |  | **Signature** |  | **Date** |
|  |  | |  |  |  |  |
|  | Internal Examiner 1/2 | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Head of Department | |  |  |  |  |

**APPROVAL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Approved | | | Not Approved | | | Signature/Date |
| Dean of Faculty |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Provost, CPGS |  |  |  |  |  |  |  |

**FOR OFFICE USE ONLY: SECRETARY, CPGS**