**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  |
|  |
|  |  |
| **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 |  |  |  |  |
|  |  |  |  |  |  |

**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**