**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**MASTERS FINAL EXAMINATION (*VIVA VOCE*)**

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

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

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| --- | --- | --- | --- |
| **Name of Student:** |  |  |  |
| (Surname) | (Other Names) |
| **Registration Number:** |  |
| **Phone Number:** |  | Email: |  |
| **Degree for which Candidate was Examined:** |  |
| **Title of Thesis:** |  |
|  |
|  |
| **Examiner’s Comments on Title of Thesis:** |  |
|  |
|  |  |
| **Standard of Presentation of Thesis:** |  |
|  |
|  |
| **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 Thesis:** |  |
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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 thesis should be:  |
|  | accepted as presented  |
|  | referred for minor corrections to be certified by the Internal Examiner 1 or Internal Examiner 2  |
|  | referred for major corrections to be certified by the external examiner |
|  | rejected and degree not awarded |
|  | Any other appropriate recommendations by the examiners (use extra sheet if necessary): |
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| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** |  |  | **Signature** |  | **Date** |
|  |  |  |  |  |  |
|  | External Examiner |  |  |  |  |
|  |  |  |  |  |  |
|  | Internal Examiner 1 |  |  |  |  |
|  |  |  |  |  |  |
|  | Internal Examiner 2 |  |  |  |  |
|  |  |  |  |  |  |
|  | Head of Department |  |  |  |  |
|  |  |  |  |  |  |
|  | Dean of Faculty (Chairman) |  |  |  |  |
|  |  |  |  |  |  |
|  | Provost, CPGS  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
|  | **Name** |  | **Signature** |  | **Date** |
| Supervisor 1: |  |  |  |  |
| Supervisor 2: |  |  |  |  |

**CERTIFICATION OF CORRECTION OF THESIS (WHERE REQUIRED)**

We certify that the correction required to be made in the thesis have been made. It is therefore recommended that the thesis be accepted and the degree awarded.

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|  | **Name** |  |  | **Signature** |  | **Date** |
|  |  |  |  |  |  |
|  | Internal Examiner 1/2 |  |  |  |  |
|  |  |  |  |  |  |
|  | External Examiner (if (d) is the case) |  |  |  |  |
|  |  |  |  |  |  |
|  | Head of Department |  |  |  |  |
|  |  |  |  |  |  |
|  | Dean of the Faculty |  |  |  |  |

**APPROVAL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provost, CPGS | Approved |  |  | Not Approved |  | Signature: |  |

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