***“UNMIED PG FORM D”***

**UNIVERSITY OF MEDICAL SCIENCES**

 **LAJE ROAD ONDO**

**THE POSTGRADUATE SCHOOL** *(Confidential)*

EXTERNAL AND INTERNAL EXAMINERS PRELIMINARY REPORT ON

THESIS/DISSERTATION

Name of candidate: ……………………………………………………………………………… Department: ……………………………………………………………………………………….

Title of thesis/dissertation: ………………………………………………………………………..

….…………………………………………………………………………………………………

Name of external examiner: …………………………………………………………………….

1. Examiner’s Report:

(a) Adequacy of the research design:

(b) Execution of project:

(c) Candidate’s knowledge and use of existing literature on the subject:

(d) Specific nature of the contribution of the thesis to knowledge in the discipline:

 (e) Literary and technical presentation of the thesis:

(f) Details of any deficiency, errors gaps or other matters:

2. Other details to be attended to:

3. REMARKS: Thesis/Dissertation has merit for examination:

Yes No

4. **Name/Signature of examiner**: …………………………… **Date**: ………………