Tuesday, February 11, 2025

**To: Dr HL Groenewald**

Tygerberg Doctoral Office

 **Research and Internationalisation Development and Support (RIDS)**

Faculty of Medicine and Health Sciences

 Stellenbosch University

**Re: FINAL SUPERVISOR REPORT ON DOCTORAL DISSERTATION**

|  |  |
| --- | --- |
| **Candidate’s surname** | Click or tap here to enter text. |
| **Candidate’s full names** | Click or tap here to enter text. |
| **Student number** | Click or tap here to enter text. |
| **PhD Programme** | Choose an item. |
| **Dissertation title** (Title should be exactly as approved by Senate, failing which a PPC report should motivate the change. A title change may possibly trigger a new proposal review.) | Click or tap here to enter text. |
| **Main supervisor UT number** | Click or tap here to enter text. |
| **Main supervisor title, name and surname** | Click or tap here to enter text. |
| **Co-supervisor/s** | Click or tap here to enter text. |
| **Date of oral examination** | **Click or tap to enter a date.** |
| **Were all examiners present?** | Choose an item. |
| Note: A maximum of one examiner may be excused. If an examiner was absent from the oral, the supervisor must attach to this report written communication from the examiner to indicate that the examiner (a) was unable to attend; (b) approves that the oral continued in their absence; and (c) approves of the final result. |
| **List participants at oral examination** | Click or tap here to enter text. |
| **Oral examination outcome** | Click or tap here to enter text. |
| **Supervisor recommendation** | We (the supervisors) recommend that Stellenbosch University award the PhD degree to this candidate.  |
| **Final outcome** | Choose an item. |

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| Narrative section |
| **Summary of knowledge contribution in fifty (50) words, suitable for graduation ceremony**Click or tap here to enter text. |
| **Challenges experienced during the study and examination** Compulsory: Reflect frankly on any resubmission and clearly state whether all required revisions were effected, and were accepted by the relevant examiner/sClick or tap here to enter text. |
| **Optional: Level of independence with which the candidate worked**Click or tap here to enter text. |
| **Optional** further commentsClick or tap here to enter text. |
| Supervisor signature |  |
| HOD Signature |  |