##### UDSM/PG.F7

**UNIVERSITY OF DAR ES SALAAM**

**Overall Evaluation Report on Masters/PhD Dissertation/Thesis by Department**

Candidate’s Name: ......................................................................................................................

Registration Number: ..................................................................................................................

Degree Programme: ....................................................................................................................

Department:...........................................................................................................................

College/School/Institute...............................................................................................................

Dissertation/Thesis Title:…………………………..............................................................

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**Assessment of the Dissertation/Thesis**

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| --- | --- | --- | --- | --- |
|  | **Area Assessed** | **Max Marks** | **Obtained Marks** | **Remarks** |
|  |  |  | **IE1** | **IE2\*** | **EE** | **Dept** |  |
| 1 | Presentation | 05 |  |  |  |  |  |
| 2 | Introduction | 05 |  |  |  |  |  |
| 3 | Literature Review  | 10 |  |  |  |  |  |
| 4 | Methodology | 20 |  |  |  |  |  |
| 5 | Results and Discussion of Findings | 35 |  |  |  |  |  |
| 6 | Conclusions and Recommendations | 10 |  |  |  |  |  |
| 7 | Originality and Contribution to Knowledge  | 15 |  |  |  |  |  |
| 8 | **Total** | **100** |  |  |  |  |  |

 \* Only in cases where 2 internal examiners were appointed

The weighting of different grade scores may be interpreted using the following key:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | B+ | B | C | D | E |
| 70-100 | 60-69 | 50-59 | 40-49 | 35-39 | 34 and below |

Department Comments

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Recommended Grade:............................

Name of Head of Department......................................................................................................

Signature............................................................ Date:...............................................

College/School/Institute Comments

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Name of Principal/Dean/Director:................................................................................................

Signature: ...................................................... Date .....................................................................

Directorate of Postgraduate Studies Comments

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Name of Director of Postgraduate Studies: .....................................................................................

Signature:....................................................... Date ..............................................................