**NON-ASSESSING CHAIR’S SUMMARY REPORT FORM:**

**MASTER’S DISSERTATION**



**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FROM: Name of SFO/FO**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-Assessing Chair’s DUTIES**

Dear Colleague,

Copies of the assessors’ reports are attached for your attention.

Please complete the NAC report form for this candidate’s dissertation.

Please also attach a summary report in which you highlight the salient findings contained in the individual assessors’ reports.

**Please return this report to the undersigned within seven (7) days.**

Thank you for your cooperation.

**Name of SFO/FO**

**Dean’s Office**

**Faculty of Humanities**

**STUDENT DISSERTATION Details**

|  |  |
| --- | --- |
| **STUDENT’S SURNAME:**  |  |
| **STUDENT’S INITIALS** |  |
| **STUDENT NUMBER:**  |  |  |  |  |  |  |  |  |  |
| **DEGREE:** |  |
| **DISCIPLINE:** |  |
| **TITLE OFDISSERTATION:** |  |
| **DATE OF FIRST REGISTRATION FOR THIS DEGREE:** |  |
| **SUPERVISOR:** |  |
| **CO-SUPERVISOR:****(If applicable)** |  |

**Assessors’ DETAILS**

|  |  |
| --- | --- |
| **Name** | **Affiliation** |
| **1** |  |  |
| **2** |  |  |

**1.**

**ASSESSMENT RESULTS FOR DISSERTATION**

|  |  |
| --- | --- |
|  | **RECOMMENDATION** |
| **Assessor** | **Approved****(50-74%)**  | **Approved with distinction****(75 / 75+%)** | **Resubmission** | **Rejected** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

**(Please fill in the percentage awarded by each assessor in the appropriate box.)**

**CALCULATION OF MARK FOR DISSERTATION**

1st Assessor’s mark %

2nd Assessor‘s mark %

**Average of Assessors’ marks %**

**(Rounded off to the nearest perecentage)**

**2.**

**NON-ASSESSING CHAIR’S SUMMARY NARRATIVE REPORT**

**The Non-Assessing Chair’s summary narrative report highlighting the salient findings of the individual assessors must be attached to this form and returned to the faculty office.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  (Signature) Date

 **Non-Assessing Chair**