A close-up of a sign

AI-generated content may be incorrect.

Tuesday, August 19, 2025

**To: Dr HL Groenewald**

**Doctoral Office**

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 first names** | | Click or tap here to enter text. |
| **Student number** | | Click or tap here to enter text. |
| **PhD Programme** | | Choose an item. |
| **Dissertation title**  (Exactly as approved by Senate, or a PPC  report should motivate the change.) | | Click or tap here to enter text. |
| **Summary of knowledge contribution  in no more than fifty (50) words** | | Click or tap here to enter text. |
| **Main  supervisor** | |  |  |  |  | | --- | --- | --- | --- | | UT number | Title & Surname | Email | Affiliation | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | | |
| **Co-supervisor/s** | * List UT number, Title & Surname, Email, and Internal/External affiliation of all co-supervisors   Click or tap here to enter text. | |
| **Supervisor recommendation** | | I/We, the supervisor/s, recommend that Stellenbosch University  confirm the following result for this PhD candidate: **Choose an item.** |
| **Date of oral examination** | | **Click or tap to enter a date.** |
| **Oral examination outcome** | | Choose an item. |
| **Were all examiners present at the oral?** | | **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) is unable to attend; (b) approves that the  oral continue in their absence; and (c) approves of the final result. | | |
| **List participants at oral examination** | | Click or tap here to enter text. |
| Short narrative section | | |
| **Compulsory: Concisely summarise or bullet the response from each examiner**  Reflect frankly on all requests for revision to the satisfaction of the examiner & clearly state whether all required revisions were completed.  Click or tap here to enter text. | | |
| **Optional: Strengths / challenges experienced during the research; Level of independence of work by the candidate**  Click or tap here to enter text. | | |
| **Optional** further comments  Click or tap here to enter text. | | |
| **Complete only if an embargo is required on the final dissertation**  What is the reason for the embargo? Choose an item.  Please keep the embargo as short as possible. Until when should the dissertation be embargoed?  Click or tap to enter a date. | | |
| Supervisor signature | |  |
| HOD Signature | |  |