**SCHEDULE OF REVISIONS TO A MASTER’S THESIS**

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| **Name of student** |  |
| **Student number** |  |
| **Degree programme** |  |
| **Title of thesis** |  |
| **Department** |  |
| **Supervisor** |  |
| **Co-supervisor(s)**  |  |

I am satisfied that the student has addressed all the comments and recommendations raised by the examiners in this revised version of the thesis and that the student’s record of examiners’ comments and recommendations is complete and accurate.

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| Supervisor signature |  | Date |

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| **EXAMINER 1 RECOMMENDATIONS** | **STUDENT RESPONSE, INCLUDING PAGE NUMBER IN REVISED THESIS AND BRIEF OVERVIEW OF IMPLEMENTATION OF REVISION (if necessary).** All revisions in the revised thesis must be highlighted. |
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| **EXAMINER 2 RECOMMENDATIONS** | **STUDENT RESPONSE, INCLUDING PAGE NUMBER IN REVISED THESIS AND BRIEF OVERVIEW OF IMPLEMENTATION OF REVISION (if necessary).**All revisions in the revised thesis must be highlighted. |
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[Add or delete rows as required.]