**SCHEDULE OF REVISIONS TO A DOCTORAL DISSERTATION**

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

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

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor signature |  | Date |

[This completed and signed form must be emailed to [**fasspeo@sun.ac.za**](mailto:fasspeo@sun.ac.za) as part of the supporting documentation of a doctoral dissertation resubmission.]

|  |  |  |
| --- | --- | --- |
| **EXAMINER 1 RECOMMENDATIONS** | | **STUDENT RESPONSE, INCLUDING REFERENCE TO PAGE NUMBER OF REVISED DISSERTATION AND BRIEF OVERVIEW OF IMPLEMENTATION OF REVISION (if necessary).**  All revisions must be highlighted. |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

|  |  |  |
| --- | --- | --- |
| **EXAMINER 2 RECOMMENDATIONS** | | **STUDENT RESPONSE, INCLUDING RESPECTIVE PAGE NUMBER OF REVISED DISSERTATION AND BRIEF OVERVIEW OF IMPLEMENTATION OF REVISION (if necessary).**  All revisions must be highlighted. |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

|  |  |  |
| --- | --- | --- |
| **EXAMINER 3 RECOMMENDATIONS** | | **STUDENT RESPONSE, INCLUDING RESPECTIVE PAGE NUMBER OF REVISED DISSERTATION AND BRIEF OVERVIEW OF IMPLEMENTATION OF REVISION (if necessary).**  All revisions must be highlighted. |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |

[Add or delete rows as required.]