

MSc to PhD RECLASSIFICATION EXAMINATION ASSESSMENT FORM

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_

1. JUDGED ACADEMIC ABILITY:

Outstanding\_\_\_ Above Average\_\_\_ Average\_\_\_ Below average\_\_\_

2. DEMONSTRATED RESEARCH ABILITY AND POTENTIAL(in comparison to peers)

Outstanding\_\_\_ Above Average\_\_\_ Average\_\_\_ Below average\_\_\_

3. Was the proposed research adequate in scope/depth to meet the PhD requirement of "an original contribution to knowledge?"

Absolutely yes\_\_\_ Probably yes\_\_\_ Probably no\_\_\_ Absolutely no\_\_\_ Unclear\_\_\_

4. Was the proposed research feasible of implementation and completion in a reasonable time frame?

Absolutely yes\_\_\_ Probably yes\_\_\_ Probably no\_\_\_ Absolutely no\_\_\_ Unclear\_\_\_

5. In your judgement, is this student personally prepared to undertake the PhD program in terms of overall maturity and suitability?

Absolutely yes\_\_\_ Probably yes\_\_\_ Probably no\_\_\_ Absolutely no\_\_\_ Unclear\_\_\_

6. Considering the applicant's demonstrated scholarly and academic abilities, understanding of the research field, proposed research design, maturity and motivation, and having reviewed the School of Graduate Studies guideline on criteria of reclassification, do you recommend that the candidate be reclassified into the PhD program?

\_\_\_Strongly recommend\_\_\_ Recommend\_\_\_ Do not recommend\_\_\_ Strongly oppose\_\_\_ Uncertain

Supervisor: \_\_\_\_\_  
(Name) (Signature)

Committee Member: \_\_\_\_\_  
(Name) (Signature)

Committee Member: \_\_\_\_\_  
(Name) (Signature)

Committee Member: \_\_\_\_\_  
(Name) (Signature)