**KHYBER MEDICAL UNIVERSITY**

Thesis Evaluation Form

**Letter Reference No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree Program / Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE OF THESIS:**

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**Dear Reviewer,**

Thank you very much for accepting the invitation to review the attached thesis.

Please return the below evaluation report to the Controller Examination by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**REVIEWER COMMENTS:**

**1. Introduction, Literature Review and References**

1a: Does the thesis have a testable research hypothesis?

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1b: Is the literature review sufficiently focused and comprehensive?

Is the literature review current and up to date?

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1c: Are references correctly cited both in the text and literature list?

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**2. Research Problem and rationale**

Does the thesis clearly frame research question. Is it logical & researchable, ethical and relevant?

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**3. Methodology**

3a: Is the study design and procedure adequate to support the study’s objectives?

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3b: Is it clearly defined enough for others to replicate this methodology?

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1. **Data preparation and description** Has the data been properly prepared & described?

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**5: Data Analysis / results**

5a: Is the data analysis according to the objectives of the study?

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5b: Are relevant statistics used to achieve the objective / answer the research question?

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5c: Are relevant statistical tests according to the type of data collected?

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5d: Are the data presented in a comprehensive, concise and self-explanatory manner (tables,

charts, graphs etc?

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5e: In case of qualitative data analysis, is appropriate theoretical framework applied?

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**6. Discussion**

6a: Has the discussion been organized from specific to the general implications of findings to the literature, to the theory and to the practice?

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6b: Has all the results been assessed in relation to the expectations and to the literature (compare & contrast)?

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6c: Has the conflicting and unexpected findings been addressed?

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6d: What this study adds?

What are the strength, limitations and future directions of this thesis?

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**7: Overall Recommendations**

7a: Please comment on the overall quality of academic English and flow of information.

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7b: Is the thesis coherent and easily understood by reviewer?

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**8: Major Essential Changes (if any)**

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4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**9: Minor Essential Changes: (if any)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**NOTE: Please feel free to use extra sheet where necessary.**

**Final comments on Thesis (please use tick & cross for all comments)**

1: Approved for defense without any changes

2: Approved with Minor/Major Changes and to be checked by internal examiner/supervisor

3: Approved with Minor/Major Changes and to be checked by Reviewer him/her self

5. Not defendable

**Reviewer Details:**

Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB: Please return this form within 20 days of its receipt to:**

**Controller of Examination**

Khyber Medical University

Phase V, Hayatabad, Peshawar.

Telephone: +92-9217703

E-MAIL: controller@kmu.edu.pk, semester@kmu.edu.pk

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