

KHYBER MEDICAL UNIVERSITY



Thesis Evaluation Form

Letter Reference No
University Registration No:
Name of student:
Degree Program / Specialty:
TITLE OF THESIS:
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?
1b: Is the literature review sufficiently focused and comprehensive?
Is the literature review current and up to date?

1c: Are references correctly cited both in the text and literature list?
2. Research Problem and rationale
Does the thesis clearly frame research question. Is it logical & researchable, ethical and relevant?
3. Methodology
3a: Is the study design and procedure adequate to support the study's objectives?
3b: Is it clearly defined enough for others to replicate this methodology?
4: Data preparation and description Has the data been properly prepared & described?

5. Data Allalysis / Tesuits
5a: Is the data analysis according to the objectives of the study?
5b: Are relevant statistics used to achieve the objective / answer the research question?
5c: Are relevant statistical tests according to the type of data collected?
5d: Are the data presented in a comprehensive, concise and self explanatory manner (tables,
charts, graphs etc?
5e: In case of qualitative data analysis, is appropriate theoretical framework applied?

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?
6b: Has all the results been assessed in relation to the expectations and to the literature (compare 8
contrast)?
6c: Has the conflicting and unexpected findings been addressed?
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. 7b: Is the thesis coherent and easily understood by reviewer? 8: Major Essential Changes (if any) 9: Minor Essential Changes: (if any)

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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:	
Email id:	
Signature: Date:	

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

Controller of Examination

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