



Faculty of Graduate Studies
 University of the Visual and Performing Arts
 21, Albert Crescent, Colombo 07, Sri Lanka.
 fgs.vapa@gmail.com / fgsvpa1@gmail.com 0113461502 / 0113461504

(To be filled by the relevant office)

1. Name of the Candidate :
2. Date of Registration :
3. Registration Number :
4. Address :
5. NIC Number :
6. Telephone Number :
7. Email :

Examination Division

University of the Visual and Performing Arts

No.21, Albert Cresent, Colombo 07.

Tel : +9411 2033710 Ext: 1102

Report on Thesis Submitted for Postgraduate Degrees(Resubmission)

1. Title of the Thesis (Please mention according to the language approved)
2. Degree :
3. Examiner's Report (Please tick (✓) your concern)

3.1 Grading of Evaluation

| Grade | Marks | Point Value | Description |
|-------|--------|-------------|--|
| A | 100-90 | 4.00 | An excellent, superb level of achievement in the subject and indicate an exceptional academic competence and marked and consistent examples of comprehension and interpretation. |
| B+ | 89-80 | 3.67 | High level of achievement and intelligent fulfillment of courses requirements in manner that approaches the excellence of the very high grade. |
| B | 79-75 | 3.33 | Consistently high level of achievement and indicates that the course requirements have been fulfilled in an intelligent and above average manner |
| C | 74-70 | 3.00 | Acceptable degree of understanding and achievement |
| F | 69-00 | 2.67 | Fail |

4.1 Comments Report

| Description | E | S | ND | NS |
|---|---|---|----|----|
| 4.1 Adequacy of the Literature Survey | | | | |
| 4.2 Methodology of the Research | | | | |
| 4.3 Techniques and the Analytical Status | | | | |
| 4.4 Logical Capacity and its relevance | | | | |
| 4.5 Academic Discussion | | | | |
| 4.6 Contribution in new- knowledge or the development of existing knowledge | | | | |

E = Excellent S = Satisfactory ND =Needs Development NS = Not Satisfactory

5. Is the candidate confident to work on research without supervision ? Yes No

5.1 Condition and levels of Consideration of the Thesis

| | | |
|---|-------------------------------|--|
| 1 | Pass - without corrections | |
| 2 | Pass - with minor corrections | |
| 3 | Pass - with major corrections | |
| 4 | Fail | |

Signature of the Examiner : Date :

Name of the Examiner :

Contact Number of the Examiner :

* Special Note - You are very kindly requested to submit the "Examined Thesis" along with the marked corrections; document(s) within 2 (two) months period after receiving the thesis.