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| **Candidate Details** | |
| Full Name: | Graduate Program: |
| Thesis Title: | |

Dr………………. (Email)

Affiliation/ ………………… (External Examiner)

**Subject: Invitation to review a master/PhD thesis**

Dear Dr. [name],

On behalf of \_\_\_\_\_\_\_\_\_\_\_, I am writing to invite you to serve as an external reviewer of master thesis titled with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the program of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As an external reviewer, you would agree to review the attached master thesis along with review documents, we invite you also to attend the oral examination/defense in person if possible. If you are able to do so, please indicate this in your reply.

Thank you for your assistance in helping Palestine Polytechnic University maintain the excellence of its academic programs. If you have any questions, please feel free to contact me or the deanship of graduate studies and scientific research.

Regards,

Program's Coordinator Name:

**Academic Integrity:**

Academic Society expects that our academic work reflects the highest standards of academic integrity. If you have any concerns about the academic integrity of the thesis you are examining, please notify the deanship office (**dsr@ppu.edu**) immediately with details of your concerns.

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| 1. Please comment on the overall quality of the thesis |
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| 1. Appropriateness of the research methods used and the effectiveness of the execution of the approach taken |
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| 1. Clarity of analysis and conclusions |
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| 1. Originality/value of the thesis as a contribution to knowledge |
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| 1. Structure of thesis |
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| 1. Quality of the writing |
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| 1. Referencing |
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| Please rate the following: (1 = Excellent) (2 = Good) (3 = Fair) (4 = Poor) | | |
| Originality: |  | |
| Contribution to the Field: |  | |
| Technical writing Quality: |  | |
| Structure of thesis: |  | |
| Impact on Society: |  | |
| Recommendation: | | |
| Kindly mark with a ■ | | |
| **□** Accept As It Is | | |
| **□** Requires Minor Revision **(on the defense day)** | | |
| **□** Requires Major Revision **(Before the defense day)** | | |
| **□** Reject | | Signature: |

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| If you have any questions, please contact  the program coordinator (email) (Phone) |