

Graduate research School

Examination report

PGR 4c

1.1 Student Details

Student Name:

School:

Award:

1.2 Examiner Details

Internal Examiner Name*:*

Email Address:

External Examiner Name*:*

Address:

Email Address:

I confirm I have no interest, relationship or other circumstance which might constitute a conflict of interest, or which might be seen as inappropriate for the role of Examiner. I understand that failure to do so could lead to retraction of an award if a conflict of interest comes to light at a later date.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

External examiner

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal examiner

2. Preliminary Reports on the Thesis

2.1 Preliminary External Examiner Report

2.2 Preliminary Internal Examiner Report

3. Final Reports on the examination

3.1. Report on the examination of the thesis

3.2. Report on the examination of the candidate

3.3 Recommendation (Please tick one recommendation)

|  |  |  |
| --- | --- | --- |
| 1. | The award is recommended with no corrections required in thesis*.*   |  |
| 2. | The award is recommended, subject to inclusion in the thesis of the minor corrections and revisions specified in Section 3.4.  |  |
| 3. | The award is **NOT** recommended, but re-submission of the thesis is to be permitted subject to the major revisions and the conditions specified in Section 3.4.  |  |
| 4. | The award is **NOT** recommended but it is recommended that the candidate be awarded the lower award of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| 5. | It is recommended that **NO** award be made but a revised thesis may be submitted for examination for the higher award of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 6. | It is recommended that permission be given to the candidate to withdraw the thesis without penalty.  |  |
| 7. | It is recommended that **NO** award be made*.*  |  |

3.4Corrections to Thesis

Please provide **precise details** of any corrections/revisions required to be made to the thesis.

3.5Other Specific Requirements

Please provide **precise details** of any other specific requirements, such as the need for a second oral examination of the candidate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

External examiner

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Internal examiner

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Chairperson

4. Corrected Thesis

In accordance with the recommendations of the examiners ie The award is recommended, subject to inclusion in the thesis of the minor corrections and revisions specified in Section 3.4, I confirm I have read the corrected thesis and the minor corrections and/or revisions have

been carried out

NOT been carried out

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Examiner

5. Award

I certify that the final recommendation of the examiners has been considered by the Graduate Research School Board and details provided to the University Programme Board for approval of award to the cadidate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson, Graduate Research School Board