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**PhD in Science, Engineering & Technology -**

**Examiner’s Joint Recommendation Form** *(Strictly Confidential)*

The Examiners are required, where possible, to complete a joint report on this form on the oral examination, the result of the examination as a whole and the recommendation to the University. If an agreed report cannot be submitted, this should be stated on the form along with an indication of the difficulty.

All forms should be submitted by the Thesis Committee Chair to the Director of PhD Studies together with the signed and dated independent Examiners’ Reports as soon as possible either after the oral examination takes place or after the thesis has been examined.

**Candidate**

|  |  |  |  |
| --- | --- | --- | --- |
| Name *(in capitals):* |  | School/Institute: |  |
| Date of Submission: |  | Degree Sought: |  |
| Title of Thesis: |  | | |

Examiners (complete names and affiliations)

|  |  |  |  |
| --- | --- | --- | --- |
| (1) |  | (2) |  |
| (3) |  | (4) |  |

Supervisor(s) (complete names and affiliations)

|  |  |  |  |
| --- | --- | --- | --- |
| (1) |  | (2) |  |
| (3) |  | (4) |  |

**Oral Examination**

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| Report | **Date of Oral Exam:** |  |

The Examiners are requested to report below on the oral examination of the candidate, please include conclusions reached by the Examiners as a result of the oral examination, particularly in any areas of concern identified in the independent reports.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Are you satisfied that the thesis presented is the candidate’s own work? |  | | | | | |
|  |  | | | | | | |
| 2. | Did the candidate show a satisfactory knowledge and understanding of (a) Matters relating to the thesis? (b) Background studies to the subject of the thesis? |  | | | | | |
|  |  | | | | | | |
| 3. | Does the thesis demonstrate: | |  |  |  |  |
|  | (a) the discovery of new facts (PhD))?  And/or | | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (b) exercise of critical powers? | Yes |  | No |  |

|  |  |  |  |  |  |
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| 4. | Does the thesis provide evidence of originality (PhD)? | Yes |  | No |  |

|  |  |  |  |  |  |
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| 5. | Is the abstract of the thesis submitted acceptable? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6. | Is the publication (or equivalent) deemed to be of international quality? | Yes |  | No |  |

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| 7. | Has the candidate demonstrated their contribution within the publication? | Yes |  | No |  |

**Report (**A report in the region of 250 words should suffice)

***When completing reports, examiners should consider that University Regulations allow students access to their examiners reports in the event of lodging an appeal against examiners decisions.***

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**Recommendation**

|  |  |  |
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| **Joint Examiners’ Recommendation (please tick one of the following options)** | | |
|  | | |
| (a) | Award degree |  |
|  |  |  |
| (b) | Award degree following satisfactory completion of minor changes |  |
|  |  |  |
| (c) | Award degree following satisfactory completion of significant changes |  |
|  |  |  |
| (d) | Re-submit after further work for consideration without further oral assessment: |  |
|  |  |  |
| (e) | Re-submit for further oral examination for consideration: |  |
|  |  |  |
| (f) | Do not award degree: |  |
|  | | |

|  |  |
| --- | --- |
| For cases (b) and (c) above, please state a date by which changes should be completed.  *(b) up to 3 months, (c) up to 6 months* |  |
|  | |
| For cases (d) and (e) above, please indicate a suitable time-limit for revision/re-submission.  *up to 24 months for PhD* |  |

|  |  |
| --- | --- |
| *For cases (c), (d) and (e) above, please confirm that a summary of the areas of the thesis requiring attention is attached.* |  |

**Signatures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| External (1) |  | PRINT NAME: |  | Date: |  |
| External (2) if applicable |  | PRINT NAME: |  | Date: |  |
| Internal (1) |  | PRINT NAME: |  | Date: |  |
| Internal (2) if applicable |  | PRINT NAME: |  | Date: |  |
| Chair |  | PRINT NAME: |  | Date: |  |

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| --- | --- | --- | --- |
| **For Official Use Only** | | | |
| PhD Director |  | Date Received |  |