CO-SUPERVISION ARRANGEMENT- DUAL AWARD

EXAMINER’S REPORT FORM FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PhD)

**NAME OF CANDIDATE:**

**SUBJECT:**

**TITLE OF THESIS:**

**SUPERVISOR**

**Name:**

**Title:**

**University Status/Post:**

**Address:**

**SUPERVISOR**

**Name:**

**Title:**

**University Status/Post:**

**Address:**

**INTERNAL EXAMINER (KENT)**

**Name:**

**Title:**

**University Status/Post:**

**Address:**

**EXTERNAL EXAMINER**

**Name:**

**Title:**

**University Status/Post:**

**Address:**

**EXTERNAL EXAMINER**

**Name:**

**Title:**

**University Status/Post:**

**Address:**

**INTERNAL EXAMINER (AT PARTNER INSTITUTION)**

**Name:**

**Title:**

**University Status/Post:**

**Address:**

# PART A: CO-TUTELLE ARRANGEMENT

*Please answer each of the questions in section 1 and provide a report in section 2 or attach it to this document.*

# Section 1

1. Does the candidate's work show that study of the subject of the
thesis has been carried out with adequate industry and application? Yes/No
2. Has the candidate shown ability to conduct an original investigation
and to test ideas, whether their own or those of others? Yes/No
3. Has the candidate shown an understanding of how their special
theme is related to a wider field of knowledge? Yes/No
4. Has the candidate shown appropriate ability in the organisation and
presentation of the material in the thesis? Yes/No
5. Was a written examination considered necessary? Yes/No
6. If so, was the result satisfactory? Yes/No

# Section 2

# General Report on the Thesis

*The report should comment on the quality of the thesis and the extent to which it represents an "original contribution to knowledge or understanding." It should also justify and amplify the responses in section 1. It is not necessary to supply a summary or description of the thesis, except in so far as the report requires it.*

*If the report is printed on a separate page then that page must also be signed.*

# CONFIDENTIALITY:

(Delete Yes/No as applicable)

A copy of this report may be given to the candidate Yes/No

I wish this report to remain confidential Yes/No

*Please note that, in accordance with the Data Protection Act (2018), even where the answer is ‘Yes’ the candidate may still access the report if application is submitted through the proper channels.*

**Signature of Examiner:**

**Date**:

This report should be sent to the Divisional Office **under confidential cover** not later than: *(state date)*

# For completion by External Examiner 1

**Name of External Examiner:**

1. **Are the standards of student performance comparable with similar subjects in other UK institutions with which you are familiar?**
2. **Are the processes for examination and the determination of awards sound and fairly conducted within institutional regulations and guidance?**
3. Were you provided with adequate guidance and documentation in order for you to carry out your duties?
4. Do you have any comments on your participation in the examination process?
5. Please note any good practice you have identified within the School/Division or Institutional processes.
6. Do you have any recommendations to the School/Division to enhance the experience of the students or the proceedings of the *viva*?
7. Do you have any recommendations to the University as a whole?

# For completion by External Examiner 2

**Name of External Examiner:**

1. **Are the standards of student performance comparable with similar subjects in other UK institutions with which you are familiar?**
2. **Are the processes for examination and the determination of awards sound and fairly conducted within institutional regulations and guidance?**
3. Were you provided with adequate guidance and documentation in order for you to carry out your duties?
4. Do you have any comments on your participation in the examination process?
5. Please note any good practice you have identified within the School/Division or Institutional processes.
6. Do you have any recommendations to the School/Division to enhance the experience of the students or the proceedings of the *viva*?
7. Do you have any recommendations to the University as a whole?

CO-TUTELLE ARRANGEMENT

EXAMINERS’ REPORT FORM FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PhD)

# PART B

**The examiners should agree a recommendation and tick the appropriate box below in section 1. An agreed report should be provided in section 2.**

# Section 1

*Note: The University Senate has agreed that, when examining an initial submission (i.e. where the candidate has not previously been examined and asked to revise and resubmit the thesis), examiners should, except in exceptional circumstances, recommend as per one of paragraphs 1 - 5 below i.e. that the candidate should be awarded the degree of PhD or should be offered a further opportunity to meet the requirements for award of the degree of PhD. However, examiners may, if they wish, recommend that the candidate be permitted to choose between 4 and 6 or between 4 and 7 below, i.e. between revising and resubmitting for the degree of PhD or accepting the award of the degree of MPhil (with or without minor corrections).*

*Note to* ***Internal Examiner****: Please outline the corrections/revisions required as applicable; see section 4 of this form)*

**We recommend:**

1. That the candidate be admitted to the degree of PhD Yes/No
2. That the candidate be admitted to the degree of PhD subject to
certain minor corrections to the thesis being carried out to the
satisfaction of the Internal Examiner within three months of the
official notification to the candidate of the recommendation of the
examiners. Yes/No
3. That the candidate be admitted to the degree of PhD subject to
revisions to the thesis being carried out to the satisfaction of
the Internal and External Examiner within six months of the
official notification to the candidate of the recommendation of
the examiners. Yes/No

Note*: ‘Revisions’ will normally be more than that implied by a
decision of pass with minor corrections. This decision will not
require any significant extension of the original research to be
undertaken by the candidate. If this is deemed necessary,
examiners should recommend a resubmission. The examiners
must be agreed that the candidate will be able to achieve the
amendments within no more than six months from notification.*

1. That the candidate be permitted to resubmit the thesis in a revised
form in not later (except in cases of illness or other good cause)
than twelve months after the decision to allow resubmission has
been made. Yes/No

*Note: This recommendation will not preclude the candidate being
required to undergo a further written or oral examination or both.*

1. That the candidate be allowed to take:
	1. a second oral examination in not more than six months Yes/No
	2. a written examination in not more than six months Yes/No
2. That the candidate be permitted formally to resubmit the thesis
without alteration and without further scrutiny for the award of
the degree of Master’s of Philosophy. Yes/No
3. that the candidate be permitted formally to resubmit the thesis
for the award of the degree of Master’s of Philosophy subject to
certain minor corrections to the thesis being carried out to the
satisfaction of the Internal Examiner within three months of
the official notification to the candidate of the recommendation
of the examiners. Yes/No
4. That no degree be awarded and that the candidate be not
permitted to revise and resubmit the thesis. Yes/No

# Section 2

# Co-Supervision Arrangement

# Agreed Report on the Examination of the Thesis Including the Oral Examination

*This report should comment on the full examination procedure and should justify the recommendation made in section 1. If the report is printed on a separate page then that page must also be signed.*

Date of Oral Examination:

# CONFIDENTIALITY:

(Delete Yes/No as applicable)

A copy of this report may be given to the candidate Yes/No

I wish this report to remain confidential Yes/No

*Please note that, in accordance with the Data Protection Act (2018), even where the answer is ‘Yes’ the candidate may still access the report if application is submitted through the proper channels.*

**Signature of Examiners:**

Internal Examiner:

Name:

Date:

External Examiner:

Name :

Date:

External Examiner

Name:

Date:

Internal Examiner (at Partner Institution):

Name:

Date:

This report should be sent to the Divisional Office **under confidential cover** not later than: *(state date)*

# SECTION 3

# Independent Observer

*Where an Independent Observer has also been appointed, they are required to complete the following:*

Date and time of the oral examination:

Timing of any breaks taken:

Observations on the conduct of the examination:

# SIGNATURE OF INDEPENDENT OBSERVER

Name (print):

Signature:

Date:

# Section 4

# Co-tutelle Arrangement

# Minor Corrections/Revisions

*(Please delete as applicable)*

**NAME OF CANDIDATE:**

**TITLE OF THESIS:**

**SUBJECT:**

*Note:**It is the responsibility of the Internal Examiner to list minor corrections or outline the revisions required, below.*