**Final Joint Report**

**COMPLETED BY THE EXAMINERS**

**Candidate Details:**

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| --- | --- |
| Candidate Name: |  |
| Viva Date: | Click or tap to enter a date. |

**Examiner Details:**

|  |  |
| --- | --- |
| Internal Examiner Name: |  |
| Internal Examiner Name: |  |
| External Examiner Name: |  |
| External Examiner Name: |  |

**Examiners’ Report:**

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| Are you satisfied that the thesis presented is the Candidate’s own work, *(chose one of two recommendations below)*: |
| ( ) Yes |
| ( ) No |

**Did the Candidate show a satisfactory knowledge and understanding of:**

|  |  |
| --- | --- |
| Matters relating to the thesis: | Choose an item. |
| Background studies to the subject of the thesis: | Choose an item. |
| In the case of a Candidate whose research programme was part of a collaborative group project, did the oral examination demonstrate that the Candidate’s own contribution was worthy of the award: | Choose an item. |
| Tick if not part of a collaborative group project |  |

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| Where an alternative form of examination has been approved by the University, please provide details: |
|  |

**Recommendations:**

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| Recommendation*(chose one of the recommendations below)*: |
| ( ) The candidate be awarded the degree |
| ( ) The Candidate be awarded of the degree subject amendments being made to the thesis within a period of up to 3 months from the date of notification. ***Please complete “Amendments” section below.*** |
| ( ) **Re-Examination:** The Candidate be permitted to revise and re-submit the thesis for the degree and be re-examined, with or without another viva voice examination within a period of 12 months from the date of notification. |
| ( ) **(in the case of PhD Candidates)** The Candidate be awarded the degree of MPhil subject to the presentation of the thesis amended to the satisfaction of the examiners. ***Please indicate the appropriate period of time, which the Candidate shall have to amend the thesis for MPhil:* MPhil revisions required by** Click or tap to enter a date. |
| ( ) The Candidate not be awarded the degree and not be permitted to be re-examined. **Please provide an agreed statement of the deficiencies of the thesis and/or its oral defence which includes the reason for their recommendation, which shall be provided to the Candidate.** |

**Amendments:**

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| Please provide details of amendments required by the Candidate below, or append in separate document: |
|  |
| Please list which Examiner/s are required to review the amendments: |
|  |

**Examiner Signatures:**

|  |  |
| --- | --- |
| Internal Examiner Signature: |  |
| Print Name: |  |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Internal Examiner Signature: |  |
| Print Name: |  |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| External Examiner Signature: |  |
| Print Name: |  |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| External Examiner Signature: |  |
| Print Name: |  |
| Date: | Click or tap to enter a date. |

**COMPLETED BY THE DOCTORAL ACADEMY**

**URDC Approval:**

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date: | Click or tap to enter a date. |