

Candidate			
Title of Thesis			
1st External Examiner (Name and Address)			
2nd External Examiner (Name and Address)			
Date of Oral Examination (if required)		Independent Chair (if required)	

SECTION A - RECOMMENDATIONS <i>(tick the relevant box to indicate overall recommendation)</i>		
The Candidate be admitted to the degree		
<input type="checkbox"/>	(a)(i)	That the candidate be admitted immediately to the degree of Master of Philosophy.
<input type="checkbox"/>	(a)(ii)	That the candidate be admitted to the degree of Master of Philosophy subject to minor corrections of the text made to the satisfaction of the nominated* external examiner, normally within a period of one month of receiving formal notification of the corrections to be made.
<input type="checkbox"/>	(a)(iii)	That the candidate be admitted to the degree of Master of Philosophy subject to minor revisions of a more substantial nature than in (ii) above, but not involving a major revision of the thesis being made to the satisfaction of the nominated* external examiner, normally within a period of up to six months of receiving formal notification of the revisions to be made.
The Candidate be permitted to resubmit for the degree		
<input type="checkbox"/>	(b)(i)	That the candidate's thesis be deemed to be of a satisfactory standard, but that the candidate be adjudged to have failed to satisfy the examiners in the oral examination and that the candidate therefore be required to submit within six months either for a second oral examination or for a written examination, as the examiners shall determine.
<input type="checkbox"/>	(b)(ii)	That the candidate be adjudged to have failed to satisfy the examiners in the thesis and the candidate be permitted to revise and re-submit the thesis within twelve months for re-examination by both examiners without a further oral examination.
<input type="checkbox"/>	(b)(iii)	That the candidate be adjudged to have failed to satisfy the examiners and the candidate be permitted to revise and re-submit the thesis within twelve months and be re-examined orally, by both examiners.
The Candidate be adjudged to have failed to satisfy the examiners		
<input type="checkbox"/>	(c)	That no degree be awarded and that the candidate be adjudged to have failed .

In the case of Recommendations a(ii), and a(iii), please indicate who will act as the nominated External Examiner	
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<p>If corrections are required, are these attached to the joint report form? (see guidance note 3)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, these should be sent to the Graduate School Administrator (via rssteam@ncl.ac.uk or medpg-enquiries@ncl.ac.uk) as soon as possible.</p>

Notes for Examiners

1. Examiners should refer to the University Handbook for Examiners of Research Degrees for guidance when examining research degree submissions, for clarification on the assessment criteria and the implications of each recommendation.

<http://www.ncl.ac.uk/students/progress/assets/documents/ExaminersHandbook.pdf>)

2. Where the examiners cannot agree upon a recommendation, then each examiner should complete a separate report indicating which recommendation s/he supports.

3. Please note in all cases where a candidate is required to make corrections to a thesis or to revise a thesis, it shall be the responsibility of the examiners to provide details of the corrections and/or revisions required of the thesis. The examiners shall provide a written statement of the nature of the changes they wish to see made to the thesis and enclose with this joint report. The Graduate School Administrator will then provide the candidate with both the joint report and the written statement of corrections/revisions. When forwarding the final report to the candidate, the Graduate School Administrator will make it clear to the candidate that resubmission will not guarantee the award of a qualification.

SECTION B – COMMENTS ON THESIS (and Viva if appropriate)

1. Please give a clear written statement of your opinion regarding your assessment of the subject matter in the box below. This should be a sufficiently detailed statement to justify the specific recommendation made in Section A. Please comment on the organisation, structure, presentation, authenticity, content, publishable quality and critical awareness of subject.

Please answer the following specific questions, (giving a reason if the answer is no);		
2. Are you satisfied that the thesis is the candidate's own work or, if it was done in collaboration, that his or her share in the research is adequate?		
YES/NO (if no, please comment below)		
3. Is the mode of presentation of the thesis satisfactory?		
YES/NO (if no, please comment below)		
4. Does the work show that the candidate has the ability to evaluate and critically appraise current research and advanced scholarship and some evidence of originality in the application of this work?		
YES/NO (if no, please comment below)		
5. Do you consider the candidate to show a systematic understanding of knowledge that is informed by work at the forefront of an academic field within which the subject matter of the thesis falls?		
YES/NO (if no, please comment below)		
6. Does the candidate show an understanding and critical appreciation of the research techniques, methods or approaches adopted and applied in a field of enquiry?		
YES/NO (if no, please comment below)		
7. Are you satisfied that the candidate has the ability to conceive and implement a project which demonstrates an understanding of how to conduct research in a field?		
YES/NO (if no, please comment below)		
8. Please use the space below if you wish to make any comments on the candidate's research training.		
9. Please use the space below if you wish to make any general comments regarding the research work that the candidate has produced or the programme that the candidate has followed including evidence of support or resources.		
Signature of External Examiner:		Date:
Signature of External Examiner:		Date:

<p>PLEASE RETURN THIS FORM WITHOUT DELAY TO EITHER: MEDICAL SCIENCES GRADUATE SCHOOL EMAIL: medpg-enquiries@ncl.ac.uk ADDRESS: 3RD FLOOR RIDLEY BUILDING 1, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU, UK</p> <p>RESEARCH STUDENT SUPPORT TEAM Email: rssteam@ncl.ac.uk ADDRESS: LEVEL 2, KING'S GATE BUILDING, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU, UK</p>		

Signature of Dean of Postgraduate Studies		Date:
Comments:		