Examiners are requested to complete the form jointly and to return it

**without delay (within two weeks of the oral examination)**,

as an email attachment to:

*[insert College email]*

(emailed reports need not be signed but should be sent from institutional email address)

**Please complete the form in typescript or block capitals**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | **UUN:** | S |
| **Title of thesis\*:** |  |
| **Degree sought:** |  | **Oral Exam date:** |  |

|  |  |
| --- | --- |
| **Name of external examiner (1):** |  |
| **Name of internal examiner (1)** |  |
| Name of external examiner (2) (if required): |  |
| **Name of non-examining chair** (if applicable) |  |
| **Name of observer(s)** (if present) |  |

**Examiners are reminded that Part I(R) and Part II(R) reports can also be requested and made available to students and their supervisor(s) after ratification by the College.**

**If examiners have any concerns about this they should contact**

**the College Postgraduate Office.**

**Comments made a*fter* the oral examination**

Please indicate your assessment below by placing an “X” in the appropriate box and adding your comments in the spaces provided. (*The space will expand as required in the electronic version. If using paper, please continue your comments on a separate sheet.)*

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| **Report to the College Committee** |
| **Were there any areas of significant disagreement between the examiners in their respective Part I(R) reports?** | YES NO [ ] [ ]  |
| **If YES**, please explain below how these differences were reconciled. If the Examiners are not in agreement (and are therefore completing separate copies of this report), please state below details of the disagreement and, where appropriate, relate them to the preliminary report. |
|  |

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| **Please comment on how criticisms made in the initial reports were resolved or reinforced by the student's performance at the oral examination and any further criticisms that arose during the examiners' discussion or in the course of the oral examination.**  |
|  |

**Joint recommendation**

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| --- |
| **Please indicate your joint recommendation (refer to** [**Postgraduate Assessment Regulations for Research Degrees**](https://uoe.sharepoint.com/%3Ab%3A/s/PolicyRepository/EeQtUAPnwZtCoJLwgGOSO6IBJgr_bPxy8GGd0j-agREbLA)**). Please place an “x” or tick in the appropriate box.****Available options: a, b, f, g** |
| **a** | **Award MPhil.** The thesis satisfies the requirements for the award of the degree of MPhil as laid down in the University’s Degree Regulations and Programmes of Study (see [www.drps.ed.ac.uk/](http://www.drps.ed.ac.uk/)) as appropriate. No further changes can be made to the thesis after examination; or |  |
| **Student Action:** finalise hard-copy thesis submission for doctorate degree**Re-examination**: None |
| **b** | **Minor Corrections Needed.** The thesis satisfies the requirements for the degree except that editorial corrections are required or stated minor weaknesses as identified by the examiners must be remedied. In the opinion of the examiners, the student will be able to remedy these without undertaking any further original research. These corrections to the thesis must be completed within a specified period\* of not more than three months and are, subject to certification by the Internal Examiner(s), and by the External Examiner (where the examiner so requests), before the degree is awarded; or |  |
| **Student Action:** Make specified corrections within three months and submit to internal examiner**Re-examination**: Corrections to be certified by Internal Examiner.Has the External Examiner also requested to certify the corrections? (delete as appropriate)  | YES/NO |
| **f** | **Award MSc by Research.** The thesis is substantially deficient in respect of all or any of the requirements for the MPhil and cannot be revised to satisfy these requirements. However, the work is of sufficient quality to merit the award of MSc by Research; or |  |
| **Student Action:** Finalise hard-copy thesis submission for MSc by Research degree**Re-examination**: None |
| **g** | **Fail.** The thesis is substantially deficient in respect of all or any of the requirements for the degree and cannot be revised to satisfy these or any other research degree. |  |
| **Student Action:** None**Re-examination**: None |  |

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| \* Specific Period recommended for corrections by examiners (recommendation b) |  |

**FOR COLLEGE USE ONLY**

Date received: Click here to enter a date.

**Specific examination critique**

**to be given to the student by the College Committee**

(to be completed including a comment on the student’s performance at the oral examination)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | **UUN:** | S |
| **Title of thesis\*:** |  |
| **Degree sought:** |  | **Oral Exam date:** |  |

* The joint report must include any conclusions reached by the examiners as a result of the oral examination, particularly in any areas of concern identified in the individual reports.
* Where editorial corrections or modifications are required these should be specified in the joint report.
* If the thesis is considered to be substantially deficient, the report should explain the deficiencies in detail. **No further resubmission is allowed**. If the examiners recommend that no degree should be awarded, the main reasons for rejecting the thesis must be given.
* **If examiners pass information to students about recommendations they must make it clear that these are only provisional, as the final decision rests with the Examinations Committee.**

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| **Critique to the student: detailing aspects of the thesis that require revision or main reasons for rejecting the thesis** (*The space will expand as required in the electronic version. If using paper, please continue your comments on a separate sheet.)* |
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| **Additional comments for the student: for example suggestions for future publication** (The space will expand as required in the electronic version. If using paper, please continue your comments on a separate sheet.) |
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| **Signature of external examiner (1)** |  |
| **Signature of internal examiner (1)** |  |
| (Signature of external examiner (2)) |  |
| **Date:** |  |

**FOR COLLEGE USE ONLY**

Date received: Click here to enter a date.

**Document control**

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