***COMPLETED FORM NEEDS TO BE SENT TO THE DEPARTMENT FOR APPROVAL BEFORE BEING SENT TO THE GRADUATE SCHOOL***

UNIVERSITY OF ROEHAMPTON

RESEARCH DEGREES COMMITTEE

ENTRY FORM FOR EXAMINATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

The candidate should complete Section 1 of this form and submit it to the supervisors. **The form should be considered by the Department’s Research Student Review Committee.** When section 2 has been completed the form should be sent to the Graduate School who will then approve the form.

**Please copy in your department research degrees convenor when sending this completed form to the Graduate School for approval.**

## SECTION 1: TO BE COMPLETED BY THE CANDIDATE

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Name *(your name for your certificate will be taken from the student record system, please ensure this is up to date)* | | |
| Student ID Number | | Date of First Registration | |
| Correspondence Address, Telephone Number and Email Address *(your final certificate will be posted to your address given on the student record system, please ensure this is up to date)* | | | |
| Director of Studies | | Co-Supervisor 1  Co-Supervisor 2  *(Please include an external email address for co-supervisors who are* ***external*** *members of staff)* | |
| Proposed Title of Thesis | | | |
| For practice-based works or portfolios, please specify the weighting that should be given to each component | | | |
| Will there be a performance element to your examination? If so, please provide the details of your performance, such as the duration of the piece and a preferred schedule for the day. (Please note: your viva voce examination will take place *after* your performance and will need to be completed by 17:00 on the day.) | | | |
| Proposed Date that Thesis will be Submitted | | | |
| For students whose registration began on or after 1st October 2015, have you completed the University of Roehampton’s Research Student Development Programme?  Yes No | | | |
| Are you currently, or have you been previously, a member of staff at the University of Roehampton?  Yes No  *If ‘Yes’, please give details below, including role title(s) and start/end dates:*  *Do you have a Statement of Adjustment?*  Yes No | | | |
| Signature: | | | Date: |

## SECTION 2: TO BE COMPLETED BY THE DEPARTMENT

|  |  |  |  |
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| **Internal Examiner**  Name, Postal Address, E-mail Address and Telephone Number: | **CV attached** | | |
| **External Examiner**  Name, Postal Address, E-mail Address and Telephone Number: | **CV attached**  If you have any current or previous affiliation with the University of Roehampton, please provide details and dates: | | |
| **Third Examiner (IF ANY)**  Name, Postal Address, E-mail Address and Telephone Number: | **CV attached**  If you have any current or previous affiliation with the University of Roehampton, please provide details and dates: | | |
| **Proposed Chair The DoS should email**[**Graduateschool@roehampton.ac.uk**](mailto:Graduateschool@roehampton.ac.uk)**for the name of the next eligible viva Chair to approach.**  **Name, Department, Email Address and Telephone Number** | | | |
| **Proposed Viva Date:**  **The Director of Studies should have discussed/agreed this date with examiners and proposed chair** | | | |
| **Please note any practical considerations relating to the examination** (e.g. performances/exhibitions which the examiners will need to attend, SEN requirements, etc.) | | | |
| **RSRB consideration**  Chair of the RSRB signature to confirm that the form has been scrutinised: | | Date: | |
| **SECTION 3: GRADUATE SCHOOL APPROVAL** | | | |
| Chair of the Research Degrees Committee signature: | | | Date: |

|  |  |
| --- | --- |
| Report on Oral Examination: Tick to confirm that the examiners ‘general comments’ and ‘requirements for the candidate’ have been written in the ‘Viva Report Form\_Feedback for Candidate’ document on the laptop. | |
| **Recommendation (please tick as appropriate)**  Award  Award subject to 3 months corrections  (Please indicate the  nature of the corrections)  Award subject to 6 months corrections  (Please indicate the  nature of the corrections)  No award but permit submission of a  revised thesis or portfolio by  …………………………….(date)  without a further oral  No award but permit submission of a  revised thesis or portfolio by  …………….…………….(date)  with a further oral  Signed ………………………………………..  ………………………………………..  ………………………………………..  Examiners  If corrections are insisted upon, who should approve these?  ………………………………………………… | Offer award of MPhil degree  Offer award of MPhil degree subject to  corrections  No award but permit submission of  revised thesis or portfolio for MPhil degree  by ……………………….……..(date)  with a further oral  No award but permit submission of  revised thesis or portfolio for MPhil degree  by ……………………….……..(date)  without a further oral  No award – terminate registration    ……………………………………………………  Date  ……………………………………………………  Name of Chair    If this is a second examination following a resubmission, please give the date of the first examination:  …………………………………………………… |