

Research Degree Examination Preliminary Report of Examiner Candidates for MPhil

Name of Candidate							
Title of Thesis							
Name and Address of 1st External							
Examiner							
Name and Address of 2 nd External							
Examiner							
Date of Oral Examination (if			II E	Name of Independent			
required)				Chair (if required)			
Notes for Examiners							
1.							
	examination takes place (where appropriate). This is particularly important if you wish the Dean of						
	Postgraduate Studies to be aware of any substantive issues.						
2.	0 · · · · · · · · · · · · · · · · · · ·						
	oral examination and discuss the contents with each other before seeing the candidate. Thi						
	discussion will enable the Examiners to plan the structure of the oral examination and ensure that all						
	relevant issues are addressed appropriately.						
3.	3. If a recommendation is other than to admit the candidate to the degree of Master of Philosophy						
with or without minor corrections, an oral examination must be held. <i>The examiners may</i>							
	candidate or recommend that the thesis be resubmitted without holding an oral examination.						
4.							
	corrections to a thesis, it shall be the responsibility of the examiners to provide details of th						
	corrections and/or revisions required of the thesis. The examiners should attach a copy of thi						
	statement to this report which shall be forwarded to the candidate and the candidate's supervis						
l _	by the Graduate School Administrator.						
5.	5. Where the examiners cannot agree upon a recommendation, then each examiner should indicate						
	which recommendation s/he supports by initialling clearly in the box provided.						
6.							
	in advance of the oral examination but the Examiners should be aware that preliminary reports will						
	be made available to candidates after the oral examination if they request them under the provisions						
of the Data Protection Act 1998.							
		xamination of this can	•	ES 📗 NO 📙			
If no oral examination is required, please indicate your independent recommendation below.							
(You will also be required to complete a Joint Report confirming the recommendation of both							
Examiners.)							
CF.	TION A		tial, the valence the tree to	ndicate averall recomme	ndation)		
SECTION A - RECOMMENDATIONS (tick the relevant box to indicate overall recommendation) The Candidate be admitted to the degree							
	1	1			_		
	(a)(i)			to the degree of Master			
		That the candidate be admitted to the degree of Master of Philosophy subject to minor			-		
	(a)(ii)	corrections of the te	xt made to the satisfactio	on of the internal examine	r, normally within		

a period of one month of receiving formal notification of the corrections to be made.

That the candidate be admitted to the degree of Master of Philosophy **subject to minor**

period of six months of receiving formal notification of the revisions to be made.

revisions being made to the satisfaction of the internal examiner, normally within a

(a)(iii)

1. Subject matter of the thesis. (A brief independent report on the thesis w						
following areas: organisation; structure; presentation; authenticity; content; pu critical awareness of subject)	iblishable quality and					
critical awareness of subject)						
2. Areas for discussion in the oral examination. (if required.)						
Signature of External Examiner:	Date:					
Initials of Dean of Postgraduate	Date:					
Studies						
PLEASE RETURN THIS FORM TWO WEEKS BEFORE THE ORAL EXAMINATION (if I	required) TO FITHER:					
PLEASE RETORIN THIS FORM TWO WEEKS BEFORE THE GRAE EXAMINATION (II required) TO ETTHER.						
MEDICAL SCIENCES GRADUATE SCHOOL						
EMAIL: medpg-enquiries@ncl.ac.uk						
ADDRESS: 3 RD FLOOR RIDLEY BUILDING 1, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU, UK						
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RESEARCH STUDENT SUPPORT TEAM						
Email: rssteam@ncl.ac.uk ADDRESS: LEVEL 2, KING'S GATE BUILDING, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1						
7RU, UK						
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