***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 PRACTICAL THEOLOGY

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 | | | Date of RDCom2 Acceptance | |
| 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 | | | | | | |
| Proposed Date that Thesis will be Submitted | | | | | | |
| Are you currently, or have you been previously, a member of staff at the University of Roehampton?  *If ‘Yes’, please give details below, including role title(s) and start/end dates:* | | | Yes | | | No |
| *Do you have a Statement of Adjustment?* | | | Yes | | | No |

Signature: ………………………….

Date: ………………………………..

## SECTION 2: TO BE COMPLETED BY THE DEPARTMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **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**  Name, Department, Email Address and Telephone Number | | | |
| **Proposed Viva Date**  The Director of Studies should have discussed this date with examiners and proposed chair | | | |
| **Please note any practical considerations relating to the examination** (e.g. SEN requirements, etc.) | | | |
| **RSRB consideration**  Chair of the RSRB signature to confirm that the form has been scrutinised: ………………………….  Date: ………………….  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 within  **18 months** by …………………. (date)  **without** a further oral)  No award but permit submission of a  revised thesis or portfolio within  **18 months** by ….……………… (date)  **with** a further oral**.**  Signed ………………………………………..  ………………………………………..  ………………………………………..  Examiners  If corrections are insisted upon, who should approve these?  ………………………………………………… | Offer award of MProf degree  Offer award of MProf degree subject to  **3 months** corrections  No award – terminate registration    ……………………………………………………  Date  ……………………………………………………  Name of Convenor    If this is a second examination following a resubmission, please give the date of the first examination:  …………………………………………………… |