

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

UNIVERSITY OF ROEHAMPTON

RESEARCH DEGREES COMMITTEE

EXAMINATION ENTRY FORM FOR DOCTOR OF PHILOSOPHY BY PUBLISHED WORKS

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

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| 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 |
| Proposed Date that Thesis will be Submitted |
| 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:* |
| 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****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. 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: |

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| 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 oralNo award but permit submission of a revised thesis or portfolio by …………….…………….(date)with a further oralSigned ……………………………………….. ……………………………………….. ……………………………………….. ExaminersIf corrections are insisted upon, who should approve these? ………………………………………………… | 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: …………………………………………………… |