# Doctoral Oral Examination Report

<table>
<thead>
<tr>
<th>Candidate name:</th>
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<tbody>
<tr>
<td>ID number:</td>
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<tr>
<td>Thesis title:</td>
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<tr>
<td>Date of oral examination:</td>
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<td>Venue:</td>
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**Examination Panel in attendance**

- Independent Chair:
- Oral examiner:
- HoD nominee:
- Any additional attendees:

**Summary of the candidate’s performance at the oral examination:**

(Summarise the candidate’s performance in the oral examination and in particular his/her response to the issues raised in the Examiners’ reports)

- ………………………………………………………………………………………………………………………………………………………………………
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**Examiners’ recommendation**

After consideration of the attached examiners’ reports and of the oral examination, the examiners recommend:

- [ ] to award the degree

- [ ] to award the degree after specified minor corrections have been made to the thesis and/or corpus of creative work, to the satisfaction of the Oral Examiner or nominee, who may be the Main Supervisor, within: [please select one]
  - [ ] 1 month
  - [ ] 2 months
  - [ ] 3 months

Once completed by the student, the minor corrections are to be approved by the: [please select one]

- [ ] Oral Examiner
- [ ] Main Supervisor
- [ ] HoD Nominee
- [ ] Co-Supervisor
- [ ] Head of Department

(The HoD Nominee is responsible for ensuring that the candidate is given a clear list of corrections to be made and a date for completion. New corrections cannot be added once the requirements of the initial list have been met. Please indicate whether the Oral Examiner or their nominee will approve the minor corrections, and a timeframe, which would normally be not more than 3 months.)
2008/2011/2016 Statutes:

### iii(a) to award the degree subject to revising part or parts of the thesis and/or corpus of creative work, to the satisfaction of the Oral Examiner or Head of Department within: [please select one]

- [ ] 1 month
- [ ] 2 months
- [ ] 3 months
- [ ] 4 months
- [ ] 5 months
- [ ] 6 months

Once completed by the student, the revisions are to be approved by the: [please select one]

- [ ] Oral Examiner
- [ ] Head of Department

(The HoD Nominee is responsible for ensuring that the candidate is given a clear list of revisions to be made and a date for completion. New revisions cannot be added once the requirements of the initial list have been met. Please indicate whether the Oral Examiner or HoD will check the revisions, and a timeframe, which would normally be 3–6 months.)

### iii(b) to award the degree subject to revising part or parts of the thesis and/or corpus of creative work, to the satisfaction of the: [please select one]

- [ ] Oral Examiner
- [ ] External Examiner
- [ ] Both Examiners

within: [please select one]

- [ ] 1 month
- [ ] 2 months
- [ ] 3 months
- [ ] 4 months
- [ ] 5 months
- [ ] 6 months

(The HoD Nominee is responsible for ensuring that the candidate is given a clear list of revisions to be made and a date for completion. New revisions cannot be added once the requirements of the initial list have been met. Please indicate a timeframe, which would normally be 3–6 months.)

### iv to permit the candidate to revise the thesis and/or corpus of creative work, and resubmit it for examination on one further occasion only, but only if the candidate has not already been permitted to revise and resubmit

*If a resubmission is being recommended, a copy of the report of the oral examination will be sent to the Examination Committee.*

The Examination Committee will agree on the date by which the thesis is to be resubmitted and the nature of the revisions recommended, and will convene a meeting with the candidate and supervisors to discuss these revisions. Both the revisions and the date are then to be reported in writing by the Chair of the Examination Committee to the Graduate Centre for approval by the Board of Graduate Studies and formal communication to the candidate.

### v to refer the thesis to the appropriate authority within the University for consideration of the award of another degree (2011/2016 Statutes only)

### vi not to award the degree.

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Signed ................................................................. Date .................................

Name: .................................................................

**Oral Examiner**

Signed ................................................................. Date .................................

Name: .................................................................

**HoD Nominee**

Endorsed by:

Signed ................................................................. Date .................................

Name: .................................................................

**Independent Chair**