**DEGREE OF ONE YEAR MASTER’S RESUBMISSION JOINT REPORT BY EXAMINERS**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Candidate:** | | |  | | **ID No:** |  |
| **Title of Thesis:** | |  | | | | |
| **Date of oral:** |  | | | **Duration of oral:** | |  |

A joint report must be prepared by the examiners after the oral examination using this report form. Independent reports are not normally required. This report contains five parts:

1. Recommendation
2. Reasons for recommendation
3. List of the corrections and/or changes required
4. Checklist
5. Signatures

To assist us with our QA process, should you wish to comment on the examination procedure please enclose your comments with the completed reports.

**1. RECOMMENDATION**

(Regulations 33 & 34 refer)

**1.1 We consider that “the thesis makes a contribution to knowledge and affords evidence of originality” (regulation 33)**

Yes (if selected pleased complete section 1.2)  No (if selected please complete section 1.3)

**1.2 If Yes has been selected in 1.1**, the Examiners should make one of the following recommendations (please tick which applies)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a) |  | Thesis be sustained for a one year Master’s degree without any corrections or changes. | | |
|  |  |  | | |
| b) |  | The thesis be sustained for a one year Master’s degree subject to minor corrections being made by the candidate and approved by one of the examiners. | | |
|  |  |
|  |  | **The number of months agreed for completion of minor corrections** **(normally 3 but no more than 6)**: |  |

**1.3 If No has been selected in 1.1**, the Examiners should make one of the following recommendations (please tick which applies):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| c) |  | The thesis does not meet the standards for a one year Master’s degree but is of sufficient merit to warrant formal recognition by the award of a Certificate of Postgraduate Research Studies. | |
|  |  |  |  |
| d) |  | The thesis not be sustained. | |

**Examiners are required to provide reasons for the recommendation in Section 2 and to formally sign off this recommendation in Section 5.**

**Notes**

1. The oral examination will normally take place only when a thesis is first submitted. Where a thesis has been re-submitted, a second oral examination will be held only if Senate has approved of such a proposal to that effect, normally on the recommendation of the examiners and stated in the original Joint Report Form.
2. Normally, all those appointed to examine the original submission will be required to examine the re-submitted thesis.
3. Regulation 34 states that a second re-submission is **not** permitted.

**2. REASONS FOR RECOMMENDATION**

|  |
| --- |
| Please provide as much detail as possible to justify the recommendation given in Section 1. The Senate may not accept the recommendation if it is inadequately justified. Where the thesis is to be sustained, please describe provide detail on how the issues raised from the first submission have been addressed. |
|  |

**3. MINOR CORRECTIONS ARISING FROM (b)**

These should be listed on the form for detailing corrections, a copy of which should be submitted for approval along with this form.

**Please note that the Examiners Joint Report Form should not be given to the candidate.**

**4.** **Check List**

**For each examination, please ensure that the following documents have been completed:**

Signed Joint Report Form (please ensure this is signed and dated by both examiners)

Copy of Corrections/Changes if required

- Does the student have a copy Yes  No

**Please sign off the recommendation in Section 5 below.**

**5. SIGNATURES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Examiners** | |  | | | | |
| Signature: |  | | Name: |  | Date: |  |
|  |  | |  |  |  |  |

Under the Data Protection Act 1998, this Report will normally be disclosed in anonymous form if requested by the student to whom it relates. Please tick the box opposite if, for a particular reason, you wish the University to seek your consent before doing it.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Name: |  | Date: |  |

Under the Data Protection Act 1998, this Report will normally be disclosed in anonymous form if requested by the student to whom it relates. Please tick the box opposite if, for a particular reason, you wish the University to seek your consent before doing it.

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| **This form, along with both Independent report forms and the list of corrections, must now be passed to the School PGR administrator for uploading to the online Sharepoint site for the approval of Examiner report forms by the Quality Assurance Committee. Pdf is the preferred file format for uploading. It is the responsibility of the Internal Examiner/Internal Moderator to ensure that the PGR administrator is provided with the forms for uploading.**  **The system, including user guides, can be accessed at the following link:** [**https://www.abdn.ac.uk/staffnet/teaching/postgraduate-research-1681.php**](https://www.abdn.ac.uk/staffnet/teaching/postgraduate-research-1681.php)  **The individual submitting the report will receive email confirm once it has been approved, or if there are any queries. Queries regarding the system can be sent to** [**postgraduate@abdn.ac.uk**](mailto:postgraduate@abdn.ac.uk) |