

**GS21 – INTERNAL EXAMINER’S REPORT FOR PHD VIVA EXAMINATIONS**

**This form encompasses the internal examiner’s report for PhD viva examinations.**

**Section A to be completed by the internal examiner.**

**Section B to be completed by the Chair of the Faculty Research Committee (FRC).**

**Section C should be completed by the Dean of Graduate Studies, Head of the Graduate School.**

**In advance of completing this document, internal examiners should consult the *TUS Research Regulations 2023-2026*, especially the Criteria for Award of Doctor of Philosophy and relevant information on pp. 15 and 16 of same.**

**Reports on PhD theses to be made available to students must be completed on a separate sheet. They should be emailed to the Graduate School and the Chair of the relevant FRC.**

**Section A – To be completed by the Internal Examiner**

|  |  |
| --- | --- |
| **Student name** |  |
| **Thesis title** |  |
| **Date of viva** |  |
| **Name of chair** |  |

**Please tick the box that is most appropriate to you:**

Are you satisfied that the thesis meets the criteria stipulated in Table 2, TUS Adopted Award Standard as per the *TUS Research Regulations 2023-2026* and as per the NFQ *National Framework of Qualifications*?

**Yes** [ ]  **No** [ ]

**Award Recommendation:**

Please tick the most appropriate box below relevant to your award recommendation for this thesis:

**I hereby recommend that:**

* The degree of PhD be awarded, no amendments needed [ ]
* The degree of PhD be awarded subject to the correction of any minor errors within a period of three months for reconsideration by the Internal Examiner [ ]
* The degree of PhD be awarded subject to the completion of any prescribed amendments within a period of six months for reconsideration by the Internal and/or External Examiner, potentially including the requirement for a viva voce (with the same Examiners) [ ]
* No degree be awarded, and the student continues on the PhD register [ ]
* The student be awarded the degree of Masters subject to the completion of any prescribed amendments within a period of six months for reconsideration by the Internal Examiner [ ]
* No degree be awarded [ ]

**Have you consulted with the external examiner on the award recommendation?**

**Yes** [ ]  **No** [ ]

**To the best of your knowledge, is the external examiner in agreement on the award recommendation?**

**Yes** [ ]  **No** [ ]

**Signature:**

**Internal Examiner’s Name: ­­­­­­­­­­­­­­­­­­­­­­­**

**Internal Examiner’s Signature:**

**Date: ­**

**SECTION B: To be signed by the Chair of the Faculty Research Committee (FRC):**

**Signature:**

**Chairperson’s Name: ­­­­­­­­­­­­­­­­­­­­­­­**

**Chairperson’s Signature:**

**Date: ­**

**SECTION C: To be signed by the Dean of Graduate Studies, Head of the Graduate School:**

**Signature:**

**Name: ­­­­­­­­­­­­­­­­­­­­­­­**

**Signature:**

**Date: ­**