# NOMINATION OF INTERNAL EXAMINER FORM FOR CONFIRMATION OF REGISTRATION/TRANSFER TO PHD EVENTS

## Section A – Details of the Candidate

|  |  |
| --- | --- |
| Name of candidate |  |
| Student Regnum |  |
| Institute/Faculty |  |
| Degree (please tick) | MPhil [ ]  PhD [ ]  EdD [ ]  DMin [ ]  DProf [ ]   |
| Name of supervisors |  |
| Is the candidate a member of staff? | Yes [ ]  No [ ]  |
| If you answered yes to above, please give details |  |
| Date of registration |  |
| Title of thesis (note that any change to this title must be approved by Research Services) |  |

### B: Independent Reviewer details

|  |  |
| --- | --- |
| Name and title of reviewer  |  |
| Job title |  |
| Extension |  |
| Email address |  |
| Number of doctorates examined  |  |
| Eligibility:  |
| is not Emeritus or honorary staff | Yes [ ]  No [ ]  |
| is internal to the University | Yes [ ]  No [ ]  |
| has not have had any involvement with the project or student that could give rise to a conflict of interest | Yes [ ]  No [ ]  |
| does not have, nor has previously had, a personal relationship with the student | Yes [ ]  No [ ]  |
| has undertaken confirmation training if they have had no prior experience of reviewing a confirmation | Yes [ ]  No [ ]  |

**C. Independent Chair details**

|  |  |
| --- | --- |
| Name and title of chair |  |
| Job title |  |
| Extension |  |
| Email address |  |
| Number of doctorates examined  |  |
| Eligibility:  |
| has undertaken confirmation training as a Chair if they have had no prior experience of reviewing a confirmation | Yes [ ]  No [ ]  |
| does not have, nor has previously had, a personal relationship with the student | Yes [ ]  No [ ]  |
| has not had any professional relationship with the student which may give rise to a conflict of interest (e.g. supervisory, collaborative research, co-authoring of papers) | Yes [ ]  No [ ]  |
| has read and understood the guidance for confirmation of registration/transfer examinations at the University | Yes [ ]  No [ ]   |

## Section C: Institute/Faculty Sign-off

We confirm that the proposed examiner and chair are suitable. We recommend the appointment of the nominated staff to the Research Degree Committee (RDC).

|  |  |
| --- | --- |
| Signature of Director of Studies |  |
| Date |  |
| Signature of Institute/Faculty PGR Lead  |  |
| Date |  |

Please return this form to Research Services by emailing research@stmarys.ac.uk.