**Examiners Final Joint Report and Final Recommendations for EdD**

Please type this report and ensure that you complete each section fully. You are welcome to extend or reduce the length of each section as appropriate.

* Sections 1-3 should not normally cover less than one full A4 sheet;
* The length of Section 5 should be determined by the space needed to give an explicit statement of amendments or other work that you expect the candidate to undertake
* No part of section 5 must be left blank; if a part does not apply, indicate “not applicable”
* All examiners must sign the report.

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| --- | --- | --- | --- |
| **To be completed by the examiners** | | | |
| **Name of Independent Chair** |  | | |
| **Name of Internal Examiner** |  | | |
| **Name of External Examiner** |  | | |
| **Date of the Oral examination** |  | | |
| **Candidates Name** |  | | |
| **Registration Number** |  | | |
| **Section 1** | | | |
| **What, in your judgement, are the main strengths of the research and/or the thesis?** | | | |
|  | | | |
| **Section 2** | | | |
| **What, in your judgement, are the main weaknesses of the research and/or the thesis?** | | | |
|  | | | |
| **Section 3** | | | |
| **How successfully did the candidate defend her/his thesis during the oral examination?** | | | |
|  | | | |
| **Section 4** | | | |
| **Select ONE of the following options to indicate your *agreed* recommendation.** | | | |
| [a] The candidate should be awarded an EdD  (may be subject to minor typographical corrections to the thesis or portfolio, and/or make other very minor non-substantive changes to the thesis prior to final submission of hard-bound copy); | | |  |
| [b] The candidate should be awarded an EdD subject to making minor revisions to the satisfaction of the internal examiner within a period not exceeding three months | | |  |
| [c] The candidate should be awarded an EdD subject to making major revisions to the satisfaction of the examiners within six months | | |  |
| [d] The candidate has not yet satisfied the requirements for the award of an EdD, but should be given the opportunity to revise and resubmit the thesis within twelve months and be examined with or without a further *viva voce* examination | | |  |
| [e] The candidate has not satisfied the requirements for the award of an EdD, but should be awarded an MA Education, if appropriate after specified minor revisions have been made and if the student submits the thesis for that degree within six months | | |  |
| [f] The candidate has not satisfied the requirements for the award of an EdD, but the student is permitted to submit a revised thesis, for the degree of MA Education by a specified date (normally twelve months), with or without further research, to be examined with or without a further *viva voce* examination | | |  |
| [g] The candidate has not satisfied the requirements for the award of an EdD, and there is no recommendation regarding resubmission of the thesis. | | |  |
| **Section 5** | | | |
| **Please indicate below exactly what the candidate is required to do**  **[*this must be specified insufficient detail for it to be clear whether the student has successfully***  ***completed the required tasks*].** | | | |
| [a] *Where the candidate is required only to make typographical or other very minor non-substantive changes* | | | |
|  | | | |
| What is the date by which you wish the corrected thesis to be submitted? | |  | |
| The minor modifications would be considered and approved by  Internal Examiner External Examiner Both Examiners | | | |
| [b] *Where the candidate is required to revise the thesis, and/or undertake further research* | | | |
|  | | | |
| What is the date by which you wish the revised thesis to be submitted? | |  | |
| [c] *For recommendations “d” and “g” only* | | | |
| Select ONE of the following options to indicate whether the candidate will be required to attend a further oral examination. | | No  Yes  IT DEPENDS UPON WHETHER WE ARE ABLE TO MAKE A FIRM JUDGEMENT ON THE BASIS OF THE RESUBMITTED THESIS | |
| [d] *For all cases in which a second oral examination is recommended* | | | |
| Please indicate below whether, to the best of their knowledge, all the examiners will be in a position to participate in the second examination, and specify which examiner[s], if any, will be unable to participate. | | | |
| Internal Examiner | I will be in a position to participate  I will not be in a position to participate | | |
| External Examiner | I will be in a position to participate  I will not be in a position to participate | | |
| **Signatures** | | | |
| **Independent Chair** |  | | |
| **Internal Examiner** |  | | |
| **External Examiner** |  | | |
| **External Examiner** |  | | |

*V1 May 2021*