

**Appointment of Examiners for Research Degrees**Please complete this form electronically, if possible.

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| **Candidate:** |  | **Student number:** |  |
| **Supervisor:** |  |
| **Field of study:** |  |
| **Thesis title:** |  |
| **Degree:** |  **MPhil** [ ]  **PhD** [ ]  **D-Psych** [ ]  **DOccPsy** [ ]  |
| **Is an Independent Chair recommended to be present at the viva?****Yes** [ ]  **No** [ ] **If yes, please tick to confirm that the student is aware of this recommendation: ☐** |
| **Is examination proposed to take place online? [i.e. one or more participants joining via video call]****Yes** [ ]  **No** [ ] **If yes, please tick to confirm that the student and examiners agree to an online viva:** [ ] **Please ensure that you have read and considered the Guidelines for online research degree vivas before proposing an online viva.** |

 **1. Proposed Examiner Internal to the University of London**
[IF TWO EXTERNAL EXAMINERS ARE PROPOSED PLEASE LEAVE BLANK AND PROCEED TO SECTION 2.]

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| --- | --- | --- | --- |
| **Title:** |  | **Name:** |  |
| **Institution:****Department:****Full address:** |
| **Phone number:** |
| **Email:** |
| **Reasons for Recommendation:**  |
| **Website:** |
| **Is examiner expected to participate remotely?** |
| **Number of University of London PhD candidates that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  **Number of Birkbeck students: \_\_\_** |
| **Number of UK PhD candidates from outside of the University of London that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  |
| **Number of overseas PhD candidates that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  |

 **2. Proposed Examiner External to the University of London**

|  |  |
| --- | --- |
| **Title:** | **Name:** |
| **Institution:****Department:****Full address:** |
| **Phone number:** |
| **Email:** |
| **Reasons for Recommendation:** |
| **Website:** |
| **Is examiner expected to participate remotely?** |
| **Number of University of London PhD candidates that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  **Number of Birkbeck students: \_\_\_** |
| **Number of UK PhD candidates from outside of the University of London that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  |
| **Number of overseas PhD candidates that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  |

 **3. Second Proposed Examiner External to the University of London**[ONLY COMPLETE IF NO INTERNAL EXAMINER IS NOMINATED]

|  |  |
| --- | --- |
| **Title:** | **Name:** |
| **Institution:****Department:****Full address:** |
| **Phone number:** |
| **Email:** |
| **Reasons for Recommendation:** |
| **Website (optional):** |
| **Is examiner expected to participate remotely?** |
| **Number of University of London PhD candidates that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  **Number of Birkbeck students: \_\_\_** |
|  **Number of UK PhD candidates from outside of the University of London that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  |
| **Number of overseas PhD candidates that this examiner has previously examined:****0** [ ]  **1-2** [ ]  **3 or more** [ ]  |

**4. Please indicate whether the candidate or candidate’s supervisor has any of the following connections with any of the proposed examiners:**

**Co-author Yes** [ ]  **No** [ ]

**Investigator on a research project Yes** [ ]  **No** [ ]

**Current or former colleague Yes** [ ]  **No** [ ]

**Personal/family connections Yes** [ ]  **No** [ ]

**Co-holder of research grant Yes** [ ]  **No** [ ]

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

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| **If the answer to any of the above questions is ‘yes’ please give details and a justification for using this examiner (please add additional sheet if necessary).** |

**5. [ONLY ANSWER THIS QUESTION IF THE PROPOSED INTERNAL EXAMINER IS A MEMBER OF BIRKBECK STAFF] If it is proposed that a member of Birkbeck College should be appointed as Internal Examiner, in order that their independence can be demonstrated, please respond to the following statements and add any relevant details, where applicable.**

**A.i The proposed examiner is from a different department and has no connections
with the candidate Yes** [ ]  ***or*A.ii The proposed examiner is from the same department or research group but has no connections with the candidate Yes** [ ]  ***and*B. The proposed examiner was involved in the research reported in the thesis Yes** [ ]  **No** [ ]  ***and*C. The proposed examiner was a party to the candidate’s transfer from MPhil to PhD
 Yes** [ ]  **No** [ ]

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| **Comments:** |

 **6. If it is proposed that two External Examiners should be appointed, please indicate the reason(s) as appropriate:**

**A. The only person(s) with appropriate expertise in the broad area of the research within the University of London has close connections with the candidate and/or supervisor which might inhibit a completely objective examination
 Yes** [ ]

**B. There is expertise elsewhere in the University and the appropriate person(s) has been contacted but would be unable to act as an examiner on this occasion.
 Yes** [ ]

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| **C. Other (Please specify)** |

**7. The Graduate Research School can reimburse travel and subsistence expenses up to £250 total for each examiner. Costs in excess of this must be borne by the examiner or recovered from the School where the candidate is based. If the School agrees to pay any expected excess amount, please provide the relevant sub-project and signature from the budget holder:**

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| **Cost code:** |
| **Authorised signature:** |

 **8. Approval**

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| **Approval by Supervisor:** |
| **Date:** |
| **Phone number:** |
| **Email address:** |

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| **Approval by Head of Department:** |
| **Date:** |
| **Phone number:** |
| **Email address:** |

***Please return completed form to the Birkbeck Graduate Research School (research-degree-exams@bbk.ac.uk) at least four months before the anticipated date of submission of the thesis. Incomplete forms will be returned to the supervisor without review by the panel.***

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| **(Office use only)Approved by Research Student Sub-Committee:** |
| **Date:** |