

## RESEARCH DEGREE: Examination Arrangements.

This form should be completed in full and forwarded to the NTU Doctoral School Office. Please refer to NTU Quality Handbook Part D Regulations Sections 11, 16D, 16E and 16F available at [https://www4.ntu.ac.uk/adq/quality\\_handbook/index.html](https://www4.ntu.ac.uk/adq/quality_handbook/index.html)

This form should be used to propose examination arrangements for research degree candidates (MPhil, PhD or Professional Doctorates). The form must be word processed and forwarded to the Doctoral School Office, who will make arrangements for the proposal to be considered by the relevant College Research Degrees Committee or Professional Doctorate course committee. The Director of Studies is responsible for the submission of the proposals for the student's examiners to the CRDC or Professional Doctorate course committee between **three and six** months prior to the expected date of submission of the thesis.

**A brief CV, including research interests and recent publications, for each external examiner must be attached.**

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### PART A: THE CANDIDATE

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1. Student ID:
  2. Name in full:
  3. Thesis Title
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### PART B: APPROVED SUPERVISORY TEAM

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11. Name	Designation
	Director of Study 2nd Supervisor 3rd Supervisor

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### PART C: PROPOSED EXAMINING TEAM

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12. Name	Qualifications	Designation	No. of research degree candidates examined
a) External Examiner			..... MPhil ..... PhD ..... Professional Doctorates/DBA
b) External Examiner			..... MPhil ..... PhD ..... Professional Doctorates/DBA
c) Internal Examiner			..... MPhil ..... PhD

			..... Professional Doctorates/DBA
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The External Examiner(s) should:	Tick if complied with
a) Be active in research as indicated by a track record of <u>recent</u> publications in the field.	
b) Not come from the same institution as the student and/or any of the supervisors (current or recent past).	
c) Not recently collaborated with the student or any member of the supervisory team.	
The Examining Team as a whole should have examined three PhDs	

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**PART D: TO BE COMPLETED BY THE DIRECTOR OF STUDIES/LEAD SUPERVISOR**

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13. I confirm that this proposal is made in accordance with the Regulations for MPhil/PhD or Regulations for Professional Doctorates.

Signed by DoS/Lead Supervisor .....

Print Name .....

Date .....

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**PART E:**

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14. Name of Independent Chair (to be nominated by Chair of the College Research Degrees Committee / Professional Doctorate course committee):

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**FOR OFFICE USE ONLY**

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**Approved by the Chair of the College Research Degrees Committee / Professional Doctorate course committee**

Signed by Chair CRDC / Professional Doctorate course committee .....

Print Name .....

Date .....

Please attach a CV to this document **for each external examiner.**