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| |  | | --- | | **RD6E (01/2019)** | | |
| |  | | --- | | 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>  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. | |
| **PART A: THE CANDIDATE** | |
| 1. Student ID: |  |
| 2. Name in full: |  |
| **PART B: APPROVED SUPERVISORY TEAM** | |
| |  |  | | --- | --- | | 11. Name | Designation | |  | Director of Study  2nd Supervisor  3rd Supervisor | | |
|  | |
| **PART C: PROPOSED EXAMINING TEAM** | |
| |  |  |  |  | | --- | --- | --- | --- | | 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 | | |
| **PART D: TO BE COMPLETED BY THE DIRECTOR OF STUDIES/LEAD SUPERVISOR** | |
| 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 .................. | |
| **PART E:** | |
| 14. Name of Independent Chair (to be nominated by Chair of the College Research Degrees Committee / Professional Doctorate course committee):  ........................................................ | |
| **FOR OFFICE USE ONLY** | |
| **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 ................ | |