

**Application for Approval of Examination Arrangements for a Research Degree Candidate  
for the Degree of                                      of Philosophy****This form should be type-written**Submitted by the Research Student Division of

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**1 Candidate****Surname**  
\_\_\_\_\_**Forenames****Is the applicant a member of staff?**Yes ☐No ☐**2 Thesis Panel** (*Name and place of work if not the University*)1      1<sup>st</sup> Supervisor:2      2<sup>nd</sup> Supervisor3      3<sup>rd</sup> Supervisor

4      Head of School or nominee

5      RSD Leader or nominee

Please indicate the supervisor who is administratively responsible for the student

**3 Title of Thesis****'The candidate should note that this title may not be changed after approval by the Research Degrees Committee and is also requested to attach a copy of an abstract of their thesis to this form'**

Name of Collaborating Establishment:

**4 Proposed Examiners** (*See regulations 9 and 10 for composition of examination teams and necessary experience*) (*Please attach a CV for all examiners*)**4.1 External Examiner**

Name:

Qualifications:

Place and address of work:

Telephone number:

E-mail name:

Fax number:

Post held:

Number of Research Degree candidates previously examined for MPhil:

Number of Research Degree candidates previously examined at Doctoral level:

Please state if this proposed examiner has examined at Brighton and if so, give details, including dates:

Please indicate the reasons for the choice of this examiner to examine this particular thesis, including references to areas of specialism, relevant publications and experience etc.

#### **4.2 External Examiner**

Name:

Qualifications:

Place and address of work:

Contact telephone no:

E-mail name:

Fax number:

Post held:

Number of Research Degree candidates previously examined for MPhil:

Number of Research Degree candidates previously examined at Doctoral level;

Please state if this proposed examiner has examined at Brighton and if so, give details, including dates:

Please indicate the reasons for the choice of this examiner to examine this particular thesis, including references to areas of specialism, relevant publications and experience etc.

#### **4.3 Internal Examiner**

Name:

Qualifications:

Place of work:

Post held:

Contact telephone no:

E-mail name:

Fax number:

Number of Research Degree candidates previously examined at the University of Brighton for MPhil:

Number of Research Degree candidates previously examined at other institutions for MPhil:

Number of Research Degree candidates previously examined at the University of Brighton at Doctoral level:

Number of Research Degree candidates previously examined at other institutions at Doctoral level:

On University Register of Approved supervisors

Yes ☐ No ☐

Please indicate the reasons for the choice of this examiner to examine this particular thesis, including references to areas of specialism, relevant publications and experience etc.

## 5 Representative of the supervisory team attending the examination

Name:

Post held and place of work:

Contact telephone no:

E-mail name:

Fax number:

- 6 Chair of the examination** *(Each oral examination will be chaired by a member of staff from the register of approved oral examination chairs. Each Chair must be from a School other than that where the student is registered and shall have had no prior involvement with the project, or any association with the candidate. This person shall advise the examiners on the regulations of the University but will take no part in the final academic judgment of the examiners.)*

**PLEASE NOTE: the Chair will be appointed by the RSDL, from the approved list of examination chairs, following submission of the thesis by the candidate.**

- 7 Estimated date (month and year) for submission of the thesis** *(minimum 6 weeks before expected date of oral examination):*

## 8 Confidentiality

Please indicate if the project is subject to confidentiality (See Regulation 15.8) Yes ☐ No ☐

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## 9 Statement by the Candidate

I note these proposed arrangements for my examination.

Signed ..... Date

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## 10 Recommendation of the Thesis Panel

We recommend that these examination arrangements be approved.

### Members of Thesis Panel

### Signatures

1<sup>st</sup> Supervisor name

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2<sup>nd</sup> Supervisor name

.....

3<sup>rd</sup> Supervisor name

.....

HoS or nominee

.....

RSD L or nominee

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Date:

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Please ensure that paperwork and curricula vitae are single sided and unstapled prior to submitting to the Registry

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## 11 Approval of Examination arrangements

I confirm that the University's Research Degrees Committee approved the above examination arrangements at its meeting held on: Date.....

Signed ..... Date .....  
(Chair/Secretary of Research Degrees Committee) WF/AR/RST/29 February, 2008