

UNIVERSITY OF MAURITIUS



Form RDE3

External Examiners' Recommendation

EXAMINERS' JOINT REPORT FORM

Please return this completed and signed Report Form as soon as possible after the Examination (both a Word and Pdf Document) to the Administrative Officer of the Faculty/Centre (Email: xxxxxxxxx)

Candidate's Name	
Student ID	
Faculty/Centre	
Programme of Study	MPhil <input type="checkbox"/> PhD <input type="checkbox"/>
Title of Thesis	
Field of Study	
Date of Viva-Voce/ Duration of Viva-Voce	
Independent Chairperson of Examining Panel	
Rapporteur	
Name & Institution of External Examiner 1	
Name & Institution of External Examiner 2	

Part 1: Overall Result

Choose one of the following options and tick as appropriate:		
Award of <i>Definition: Grammatical errors, technical/ layout/ format changes, minor changes to sentences and explanations that do not affect the science or the way in which the results were interpreted and presented</i>	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>
Award of subject to minor corrections to the satisfaction of the Supervisor(s) and a person designated by the Dean of Faculty/Officer-in-Charge, CILL designated by the Dean of Faculty/Officer-in-Charge, CILL <i>Definition: Minor corrections refer to revisions of a larger extent that mentioned in option 1 above, for instance improving logical arguments or critical discussions and/ or Changing the layout and/ or technical finishing.</i>	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>
Award of subject to substantial amendments to the satisfaction of the Supervisor(s) and a person designated by the Dean of Faculty/Officer-in-Charge, CILL <i>Definition: Major revision refers to major or sizable changes for instance rewriting specific parts, updating missing information or completing half-finished arguments.</i>	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>
Award of subject to major revision to the satisfaction of the External Examiners. In case the External Examiners are not satisfied with the resubmission, they can recommend for a lower degree, that is, an MPhil for a PhD assessment or no award for an MPhil assessment.	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>
No Award.	<input type="checkbox"/>	

Note: If an MPhil/PhD student has already been transferred from MPhil to PhD, at least an MPhil should be awarded.

Part 2: Viva Voce Examination

Please **jointly** rate the candidate's performance at the viva voce

Rate on 1 to 5 (1 refers to well below expectations; 2 = below expectations; 3= meets expectations; 4 above expectations; 5 exceed expectations) by ticking as appropriate:

	1	2	3	4	5
<i>The candidate demonstrated detailed knowledge of the Thesis and that it is his/her own work.</i>					
<i>The candidate was confident in defending the direction, methodology and conclusions of the work.</i>					
<i>The candidate demonstrated awareness of where his/her original works sits in relation to the broader context of the discipline.</i>					
<i>The candidate demonstrated a substantive and independent contribution to the discipline.</i>					

Summary of the candidate's performance at the viva voce

(Summarise the candidate's performance in the viva voce and in particular his/her response to the issues raised in the Examiners' Reports). Please add additional sheets as necessary.

Part 3: Joint Written Report

Please use the following Form to write a **JOINT** report on the TThesis. This must be **TYPED**. Please add additional sheets as necessary.

Reports should cover the following points:

- ✓ The quality of the content of the Thesis and the extent to which it meets the specified criteria.
- ✓ Where appropriate the presentation/format of the Thesis.
- ✓ The candidate's performance during the viva voce.
- ✓ Joint details of revisions required (complementary to individual report).

JOINT WRITTEN REPORT	
Candidate's Name:	
Student Number:	

Signed by External Examiner 1:

Name: _____ Date: _____

Signed by External Examiner 2:

Name: _____ Date: _____

Attendance at viva voce confirmed by Independent Chairperson (Signed):

Name: _____ Date: _____