|  |  |
| --- | --- |
| **Research Degree Application for Assessment**  **Supplementary Form** | York St John University logo |

**Consent Form – Internal/External Examiner and Independent Chair**

Confirmation is required from those who have been nominated to act as internal/external examiner and independent chairs that they are willing to act in the respective role, and that they understand the oral examination will be recorded. Please ask those nominated to complete this consent form and then upload it to eVision.

|  |  |
| --- | --- |
| **PGR Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role** *(please tick as appropriate)***:** | | | | | |
| External Examiner |  | Internal Examiner |  | Independent Chair |  |

|  |  |  |
| --- | --- | --- |
| **I confirm the following:** | | |
| 1. I have agreed to act in the above role for the oral examination of the above named PGR. 2. I understand that the oral examination will be recorded in compliance with the [Policy and Guidance on the Recording of Oral Examinations](https://www.yorksj.ac.uk/policies-and-documents/research/research-degrees/#thesis-submission-and-examination-(york)) 3. I understand that the recording will be only be replayed in the following circumstances: 4. In the event of an appeal/complaint 5. In the event that the examiners have failed to agree between themselves. 6. In the event that prior written consent has been received from all participants for the recording to be ethically studied within an approved research project. | | |
| Signature: | Name: | Date: |

*Please upload the completed form to eVision*