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| **Application for assessment Master’s by Research degrees**  *Applicable to Masters by Research Candidates ONLY*  PGR School  Enquiries: [pgr.school@yorksj.ac.uk](mailto:pgr.school@yorksj.ac.uk) |  |
| **Please complete this form in consultation with the** [***Guide to the Examination Process for Research Degrees***](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/ysj-page/Guide-to-the-examination-process-for-research-degrees.docx) **and return to the PGR School (**[**pgr.school@yorksj.ac.uk**](mailto:pgr.school@yorksj.ac.uk)**) a minimum of 3 months prior to submission of the thesis. The thesis cannot be dispatched to the external examiner until the form has been checked and approved by the** [**Research Degrees Examination Panel**](https://www.yorksj.ac.uk/committees/academic-board-committees/)**.**  Entry forms received less than 3 months prior to thesis submission may delay the dispatch of the thesis to the examiner and the examination process. The form will remain valid for 12 months from the date of approval by the [Research Degrees Examination Panel](https://www.yorksj.ac.uk/committees/academic-board-committees/). | |

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| **PART A: to be completed by the candidate** | | | |
| **A1. Please provide your registration details below** | | | |
| Surname: |  | Student ID: |  |
| Other names: |  | | |
| School: |  | Degree: |  |



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| **A2. Thesis title (text box will expand)** |
| Please indicate below the title under which your thesis will be submitted. |
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| If this is different from your currently approved title, your supervisor will need to indicate approval for the new title in part B of the form. |

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| **A3. Employment details** | | |
| Are you, or have you been, for any period of your candidature a member of University staff employed at grade 7 or above? | **Yes** | **No** |
| If you have been an employee of the University at grade 7 or above during your candidature two external examiners may be required. | | |

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| **A4. Jointly or Solely Authored Publication details** | | | | | | | | | |
| Will the thesis include work which has appeared in any solely or jointly authored publications? | | | | | | | | **Yes** | **No** |
| If Yes, please complete i below to indicate that work from the thesis has been published in any solely or jointly authored publications. Please see the [*Guidance on the use of solely or jointly-authored publications within a thesis*](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/thesis-submission-and-examination/Guidance-on-solely-or-jointly-authored-publications-within-a-thesis.docx) for further advice. | | | | | | | | | |
| i. | It is my intention to include work within my thesis which has been published (tick all that apply): | | | | | | | | |
| as part of a **solely authored** publication | | | | |  | *Please note ii & complete iiia* | | | |
| as part of a **jointly authored** publication | | | | |  | *Please note ii, complete iii, & iv* | | | |
| ii. | | A copy of each publication must be provided for each examiner. You must provide electronic copies of each publication at the time of submission of the thesis for examination and loose copies for any examiner requesting a soft bound thesis. Please do not bind these into the thesis. | | | | | | | |
| iii. | | **In the case of solely and jointly authored publications, use the space provided below (or attach a separate sheet of paper) to outline:** | | | | | | | |
|  | | (a) | which chapters of the thesis will include work which has been published in solely or jointly authored publications with details of the publications (e.g. title, authors, publication etc.) | | | | | | |
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|  | | **and, in the case of jointly authored publications, use the space provided below (or attach a separate sheet of paper) to also outline:** | | | | | | | |
|  | | (b) | details of the work contained within the publications which is directly attributable to you (the candidate) and details of the contributions of the other authors to the work. | | | | | | |
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|  | | It is essential that this part of the form is completed fully and accurately as we will not be able to send your thesis out for examination until we have this information. | | | | | | | |
| iv. | | Endorsement by all co-authors to the jointly authored publications: **I confirm that the above (and/or attached) provides an accurate account of the contributions of all the members to the jointly authored publication(s).** | | | | | | | |
| Signature of candidate: | | | | | | | Date: | | |
| Signature of co-author[[1]](#footnote-1): | | | | Print Name: | | | Date: | | |
| Signature of co-author: | | | | Print Name: | | | Date: | | |

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| **A5. Inclusion of supplementary material** | | | |
| **Please indicate whether you intend to include supplementary material with your thesis submission** | | **Yes** | **No** |
| **A copy of this section will be included with the thesis sent to the examiners. A copy of the supplementary material must be provided for each examiner when the thesis is submitted for examination.** | | | |
| Format of the supplementary material & any special requirements |  | | |
| Details of supplementary material content |  | | |
| Reasons for inclusion of supplementary material |  | | |
| **I confirm the following in relation to the supplementary material listed above:** | | | |
| The thesis stands alone and is intelligible and examinable without the supplementary material. | | |  |
| A copy of the supplementary material will be brought to the oral examination by the candidate for the examiners to refer to if they wish. | | |  |
| The supplementary material will be stored post-examination in the Library. Please select one option: | | **Yes** | **No** |
| **The PGR School will contact you regarding the submission arrangements for the supplementary material.** | | | |

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| **A6. Ethical review of the research** | | | |
| All postgraduate researchers are required to confirm that they are aware of and comply with the University’s procedures for the review of ethical issues arising from research. The following section should be completed at the point of entry for examination to ensure all ethical review requirements have been satisfactorily addressed. Before completing this section of the form, please read the [*Research Ethics Policy.*](https://www.yorksj.ac.uk/research/research-ethics--integrity/) | | | |
| i. | Was ethical review required for this research?  *(If yes, please go to ii. If no, please continue to question A7)* | **Yes** | **No** |
| ii. | Was research ethics approval granted?  (*If yes please go to iii. If No, please go to v)* | **Yes** | **No** |
| iii. | Please state the body from which ethical approval was sought (e.g. University, NHS or other lead institution) | | |
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| iv. | Please provide the reference number(s) for the approval: | | |
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| v. | If ethical review for this research was required but you are unable to confirm approval was granted please provide information here for further investigation by Registry: | | |
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| **A7. Reasonable adjustments for disability** |
| If you wish to request any reasonable adjustments for a disability please indicate below |
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| **A8. Candidate’s Authorisation** | | | | |
| **Please confirm the following:** | | | | |
| i | I confirm that the information provided above is correct to the best of my knowledge. | | |  |
| ii. | I have checked my thesis for accessibility in line with the [Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.legislation.gov.uk%2Fuksi%2F2018%2F852%2Fcontents%2Fmade&data=02%7C01%7Cj.graham%40yorksj.ac.uk%7Cd74e7e4f53e1491cd05408d7517be967%7C5c8ae38ef85b4309b7ec862815a37aee%7C1%7C0%7C637067464940411731&sdata=4zdbdGdC7u3N1fZzG2HsxudaHr5iOGTgzvQQ%2BFFMSAI%3D&reserved=0) | | |  |
| iii. | If your submission will include video content please tick here | | |  |
| Signature: | | Print name: | Date | |

**Once completed, please forward to your supervisor for Part B to be done.**

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| **PART B: to be completed by the Supervisor** | | |
| **B1. Thesis Title** | | |
| Is the thesis title different from the currently approved title? | **Yes** | **No** |
| If yes, please provide a short rationale outlining the reason a new title is required. | | |
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| **B2. Recommendation for External Examiner(s)** | |
| **Please attach relevant evidence of the examiner giving consent to perform this role.** | |
| Name & title: |  |
| Position  (e.g. reader, professor): |  |
| Full postal address: |  |
| Email address: |  |
| Web link to CV  (or hardcopy appended): |  |

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| Candidates who have been an employee of the University at grade 7 or above during their candidature will require 2 external examiners. Please complete or delete the box below as appropriate. | |
| **Please attach relevant evidence of the examiner giving consent to perform this role.** | |
| Name & title: |  |
| Position  (e.g. reader, professor): |  |
| Full postal address: |  |
| Email address: |  |
| Web link to CV  (or hardcopy appended): |  |

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| **B3. Additional information (please complete this section in full)** | |
| i.. | To allow [Research Degrees Examination Panel](https://www.yorksj.ac.uk/quality-gateway/research-degrees/our-approach-to-research-degrees/) to consider the examining experience across the team:  **Either:** please attach or provide in the box below, details of the external examiner’s previous experience of examining research degrees in the UK (this can be either as internal or external) i.e. number of exams & level (*e.g. 3 x PhD, 1 x MPhil*). *If the external examiner has provided this information by email or as part of their CV please attach to this form.* |
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| **Or:** if this will be the external examiner(s)’ first UK research degree examination, please attach or provide in the box below, a statement in support of their nomination along with a full CV. |
| ii. | As well as a supporting statement for the appointment, please include details of any research degree supervision/examination experience outside of the UK as part of the case. |
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| **B4. Appointment of External Examiner to view the live practice (Practice-led only)** | | | | | | | |
| **Appendix A of the University *Code of Practice for Research Degrees* refers specifically to Practice-led research degrees.** Where it is considered to be part of the final submission, examiners are normally expected to view the live practice. | | | | | | | |
| i. | Will the practice-led submission include live practice? | | | | | **Yes** | **No** |
| *If no, please continue to question B5*  *If yes, please complete ii to v below* | | | | | | | |
| ii. | | If Yes, please provide further details below of the live practice which must be viewed by the external examiner. If the date/venue/time information is still to be confirmed, or if it is anticipated that further events may be arranged, please indicate this below. All practice to be assessed must be recorded in an appropriate format as a permanent record which complies with archiving requirements. Please provide an indication below of how the live practice will be recorded. | | | | | |
| **Live Practice** | | | **Date & Time** | **Venue** | **Recording/archiving details** | | |
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| **Please tick to confirm the following:** | | | | | | | |
| iii. | | I confirm that the external examiner has been notified of the requirement to attend the live practice and has given their agreement to this arrangement. | | | | |  |
| iv. | | I understand that the School is responsible for ensuring that the external examiner receives sufficient notice and information of date/venue/time of the live practice to be assessed. | | | | |  |
| v. | | I confirm that the external examiner has been advised of the candidate’s final deadline for submission of the thesis and are expected to be available for all parts of the examination. | | | | |  |

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| **B5. Supervisor Confirmation** | | | | |
| **Please tick to confirm the following:** | | | | |
| i | I confirm the external examiner(s) have informally agreed to act. | | |  |
| ii. | I have authorised the use of the title indicated in question A2 and it is a clear and appropriate description of the thesis. | | |  |
| iii. | I have reviewed the ethical review information provided by the candidate in question A6 of this form and confirm this is accurate *(please tick to confirm accuracy even if no ethical review was required).* | | |  |
| Supervisor Signature: | | Print name: | Date | |

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| **Part C: Authorisation by the School Postgraduate Research Lead** | | |
| **C1. School Postgraduate Research Lead Authorisation** | | |
| I confirm approval to the arrangements indicated on this form. ***NB:*** *Where the School Postgraduate Research Lead is the supervisor, the SRKTL must sign here instead.* | | |
| SPGRL Signature: | Print name: | Date |

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| **For Office Use Only: Approval by the Research Degrees Examination Panel** | |
| Date considered by RDEP: |  |
| Outcome: |  |
| Date outcome notified: |  |

1. Add more boxes as necessary [↑](#footnote-ref-1)