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| **Application for assessment** **PhD by Published Work**PGR SchoolEnquiries: 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****) a minimum of 2 months prior to submission. The abstract, critical review and portfolio of work cannot be dispatched to the examiners 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 2 months prior to thesis submission may delay the dispatch of the submission to the examiners 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: | PhD by Published Work |



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| **A2. Submission title (text box will expand)** |
| Please indicate the title for your submission. |
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| If this is different from the title given when you started, 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 Authored Publication details** |
| Will the submission include work which has been jointly authored? | **Yes** | **No** |
| If Yes, which publications are jointly authored?  |
| Please list below the full titles of jointly authored publications and provide details of the work which is directly attributable to you (the candidate) and details of the contributions of the other authors to the work. |
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| Please attach an endorsement by each co-author to the jointly authored publications confirming that the above provides an accurate account of the contributions of all the members to the jointly authored publication(s). |

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| **A5. Ethical review of the research** |
| All postgraduate researchers are required to confirm that they have complied with procedures for the review of ethical issues arising from their research. The following section should be completed at the point of entry for examination to ensure all ethical review requirements have been satisfactorily addressed.  |
| i. | Was ethical review required for this research?*(If yes, please go to ii. If no, please continue to question A6)* | **Yes** | **No** |
| ii. | Was research ethics approval granted according to the requirements in force at the time and place that the research was conducted? | **Yes** | **No** |

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| **A6. Reasonable adjustments for disability** |
| If you wish to request any reasonable adjustments for a disability please indicate below |
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| **A7. 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 submission 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.** **Recommendation for Internal Examiner** |
| Please consult the [*eligibility criteria for examiners and independent chairs*](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/eligibility-criteria-and-roles/Criteria-for-the-appointment-of-examiners.docx) before completing nominations. The proposed team should contain a balanced level of seniority and previous research degree examination experience. |
| **All oral examinations are recorded in compliance with the** [***Policy and Guidance on the recording of Oral Examinations***](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/thesis-submission-and-examination/Recording-of-Oral-Examinations---Policy-and-Guidelines.docx)**. By signing below, you agree to the recording of the oral examination.** |
| Name & title: |  |
| School: |  |
| Signature**\***: |  | **\***to confirm agreement to act or attach email confirmation |

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| **B2. Recommendation for External Examiner(s)** |
| **All oral examinations are recorded in compliance with the** [***Policy and Guidance on the recording of Oral Examinations***](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/thesis-submission-and-examination/Recording-of-Oral-Examinations---Policy-and-Guidelines.docx)**. Please attach email confirmation that the external examiner is aware that the oral examination will be recorded.** |
| 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 may require 2 external examiners. Please complete or delete the box below as appropriate. |
| **All oral examinations are recorded in compliance with the** [***Policy and Guidance on the recording of Oral Examinations***](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/thesis-submission-and-examination/Recording-of-Oral-Examinations---Policy-and-Guidelines.docx)**. Please attach email confirmation that the external examiner is aware that the oral examination will be recorded.** |
| 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 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. 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. |  |
| iii. | I have reviewed the ethical review information provided by the candidate in question A5 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. Nomination for Independent Chair** |
| Please consult the [[*eligibility criteria for the appointment of examiners and independent chairs*](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/eligibility-criteria-and-roles/Criteria-for-the-appointment-of-examiners.docx)](http://www.yorksj.ac.uk/documents/directory/university-policies/registry/research/york-st-john-university.aspx#14) *when recommending an independent chair for examination.* |
| Name & title |  |
| School |  |
| **All oral examinations are recorded in compliance with the** [***Policy and Guidance on the Recording of Oral Examinations***](https://www.yorksj.ac.uk/media/content-assets/registry/research-degrees/thesis-submission-and-examination/Recording-of-Oral-Examinations---Policy-and-Guidelines.docx)**. By signing below, you agree to the recording of the oral examination.** |
| Signature**\*** |  | **\***to confirm agreement to act as independent chair or attach email confirmation |

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| **C2. 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 School Research & Knowledge Transfer Lead 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: |  |