

**Student name:** \_\_\_\_\_

**ID number:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Degree:** (Please tick as appropriate)

LLM

MA

MArch

MBS

MChir

MD

MEd

MEng

MSc

MTech

**Title of Thesis:**

\_\_\_\_\_

**Title & Name of Supervisor:**

\_\_\_\_\_

**Title & Name of Joint Supervisor:**

\_\_\_\_\_

**Title & Name of Internal Examiner:**

\_\_\_\_\_

(as per academic regulations, where the candidate is a UL staff member, the internal examiner is replaced with a second external examiner)

**Title & Name of External Examiner:**

\_\_\_\_\_

**Result of *viva voce* examination if required:** (Please tick as appropriate)

SATISFACTORY

NON-SATISFACTORY

Name of *Viva Voce* Chairperson:

\_\_\_\_\_

Signature of *Viva Voce* Chairperson:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature of Internal Examiner:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature of External Examiner:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature of External Examiner:

\_\_\_\_\_

Date:

\_\_\_\_\_

- The ability of the student to defend the research in the oral examination (only where masters by research candidates are requested to undertake a *viva voce* examination)
- The nature of the amendments and/or corrections required
- Conclusion and award recommendation

Where the examiners' report is submitted in a language other than Irish or English, the report should contain a summary paragraph written in English that specifies the overall conclusion and award recommendation.

**Recommendation:**

In the case of a master's degree, the examiners must make one of the following recommendations on the examiners' report form:

- |   | <b>Tick</b>              |
|---|--------------------------|
| a. The degree of Master of _____ be awarded   | <input type="checkbox"/> |
| b. The degree of Master of _____ be awarded subject to the correction of minor and/or the completion of any amendments within a period of three months for reconsideration by the<br>internal or external or internal & external examiner (please select one option only) | <input type="checkbox"/> |
| c. The degree of Master of _____ be awarded subject to completion of any prescribed amendments within a period of six months for reconsideration by the<br>internal or external or internal & external examiner (please select one option only)                           | <input type="checkbox"/> |
| d. No degree be awarded and the candidate continue on the masters register  | <input type="checkbox"/> |
| e. No degree be awarded   | <input type="checkbox"/> |

As per academic regulations: Where both examiners are in agreement on the content of the report, a single report signed by both will fulfil this requirement. If a disagreement arises between the examiners, the chairperson is required to clarify and, where possible, reconcile differing viewpoints. If this is not possible,

Signature of External Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of External Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned internal examiner, confirm that I have read the thesis and the report of the external examiner, and I concur with the assessment of the thesis.

Signature of Internal Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** The Doctoral College will request an email confirmation from the relevant examiner(s) indicating that the minor errors and/or prescribed amendments have been corrected and completed respectively; this email confirmation must be undertaken when the final version of thesis is being submitted to the Doctoral College.

**Please return this completed form and attach the examiners' report to the Doctoral College.  
Email [PGRThesisSubmission@ul.ie](mailto:PGRThesisSubmission@ul.ie)**