**Confirmation (Reassessment) - Assessors Review & Panel Report**

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| Student name: |  |
| Student ID number: |  |
| Programme name: |  |
| Academic Unit: |  |
| Supervisor/s: |  |

You have been approved as the **lead** independent assessor for this student’s Confirmation Reassessment Panel.

The re-viva will usually be conducted by the same panel as at the first attempt, with the addition of an independent chair. **One of the assessors will take the role of lead assessor and will lead the questioning and write the assessors’ report.**

**The following section is to be completed by the lead assessor after consultation with the second assessor.** The second assessor will then review and sign off the assessors’ report.

If the outcome of the first attempt was to reassess the student, this would normally require a resubmission of the Interim Thesis as well as a re-viva. If amendments to the Interim Thesis were required, the student’s revised Interim Thesis will have been forwarded to you with this form.

If both assessors are satisfied that as a result of the changes to the Interim Thesis, this is enough to “confirm” the student’s Doctoral status, there is no need to hold a re-viva. However, **confirmation cannot be declined without a re-viva with an Independent Chair.** Therefore if the amended Interim Thesis is not sufficient for confirmation, a re-viva **must** take place.

**If the re-viva is no longer necessary, please inform the supervisor and continue to complete the rest of this form.**

**Once the viva has taken place, please ensure you complete this form and return it to the Graduate School Office promptly as the student will not receive the reassessment panel recommendation and report until this form is submitted.**

If the recommendation is not to confirm the student, **the Director of the Faculty Graduate School must receive formal recommendation within TEN working days of the re-viva**, in accordance with the ‘Procedures for Circumstances that may lead to Withdrawal or Termination’. (<http://www.southampton.ac.uk/quality/pgr/research_degree_candidature/termination_withdrawal.page>)

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Following the re-viva, please complete the form below. Please circle/delete as appropriate. **Questions marked with an asterisk are mandatory.**

**If the recommendation is NOT to confirm the student, you must advise whether the student may transfer to an MPhil programme or if your recommendation is that their candidature should be terminated.**

IMPORTANT: It is recommended that both assessors agree on the content of the report before submission. If there is a disagreement regarding the outcome of the re-viva, this should be referred to the Director of Graduate School

\* Has an amended Interim Thesis been submitted by the student? YES/NO

\* Has a re-viva taken place? YES/NO

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Date of re-viva (if applicable)

\* Recommendation: Pass/Transfer to MPhil/Terminate

For guidance on the criteria for Confirmation, please refer to the Code of Practice *(*[*http://www.calendar.soton.ac.uk/sectionV/code-practice.html*](http://www.calendar.soton.ac.uk/sectionV/code-practice.html)*)*

\* I confirm the training requirements were discussed with the student during the re-vivaYES/Not applicable

**Is there a clear plan for Completion?**

Please comment on any areas where you feel improvement is required in order to successfully complete the Doctoral thesis.

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**Issues for consideration**

Please list any issues which came to light during the re-viva and describe what action should be undertaken to overcome them.

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**Assessors’ Report**

The assessors’ report should include your comments on the resubmitted Interim Thesis and the re-viva (as applicable), as well as your recommendations for further work or training to be undertaken.

If your recommendation is **not** **to confirm the student**, your report should justify this with reference to the Confirmation criteria listed in the Code of Practice. **Please note:** **Confirmation cannot be declined without a re-viva with an independent chair.**

Please type your report in the box below or submit a separate document with this form.

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| Lead Assessor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Remaining Assessor Sign Off**

Please review the Confirmation Reassessment Panel recommendation and assessors’ report submitted by the lead assessor, then sign this form and return to the Graduate School Office.

**Please ensure you complete this form promptly as the student will not receive the panel recommendation and report until this form is submitted.**

If you have any queries with the lead assessor’s recommendation or report, please discuss these with the lead assessor directly, before submitting this form. If there is a disagreement between the assessors regarding the outcome of the viva, this should be referred to the Director of Graduate School.

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| Second Assessor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Supervisor Review**

*This form would normally be completed by the main supervisor. However, in the case where there is a co-ordinating supervisor in addition to the main supervisor, it should be completed by the co-ordinating supervisor. The co-ordinating supervisor must be a University of Southampton staff member.*

**Please ensure you complete this form promptly as the student will not receive the reassessment panel recommendation and report until this form is submitted.**

If the recommendation is to terminate the student, **the Director of the Faculty Graduate School must receive formal recommendation within TEN working days of the re-viva**, in accordance with the ‘Procedures for Circumstances that may lead to Withdrawal or Termination’. (<http://www.southampton.ac.uk/quality/pgr/research_degree_candidature/termination_withdrawal.page>)

If there are significant issues with the assessors’ report, please discuss these with the assessors directly. If it is necessary to make amendments to the assessors’ report, the lead assessor must email their updated report to the Graduate School Office.

**However, please note – the decision on the final outcome is entirely that of the independent assessors.**

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**Supervisor Review**

Please review the Reassessment Panel Report. If you wish to add any comments for the student you can do so in the box below.

**Comments for the student:**

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| Supervisor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Student Review**

**Instructions**

Please review the Reassessment Panel Report.

Once you have reviewed the report, please complete this form and forward to the Faculty Graduate School Office. If you wish to add any comments you can do so in the box below.

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**Please tick to confirm you acknowledge the comments and recommendation of the Confirmation Reassessment Panel**

**If the recommendation was to transfer to an MPhil programme, do you accept this recommendation?** YES/NO (please circle/delete as appropriate)

Any comments you wish to make:

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| --- | --- |
| Student’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Directorate Approval**

**Please approve this Confirmation reassessment recommendation**

Please review this Confirmation reassessment then sign this form and return to the Graduate School Office.

If the recommendation is not to confirm the student, please follow the procedures as outlined in the ‘Procedures for Circumstances that may lead to Withdrawal or Termination’. The student must be notified of the decision in writing within 10 working days of receipt of the documentation from the panel.

(<http://www.southampton.ac.uk/quality/pgr/research_degree_candidature/termination_withdrawal.page>).

If there are any issues with the Confirmation report, please contact the assessors or supervisor directly. If it is necessary to make amendments to the assessors’ report these must be submitted directly to the Graduate School Office.

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| Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**