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| |  |  |  | | --- | --- | --- | | A picture containing text  Description automatically generated |  |  | | | | **APPOINTMENT OF REPLACEMENT EXAMINER FOR A RESEARCH DEGREE** | | |
| **IMPORTANT INFORMATION – MORE INFORMATION IS AVAILABLE AT:** <https://www.sheffield.ac.uk/rpi/pgr/examination/appointing-examiners> | | | | | | |
| * This form should be completed by the Department **before** the student submits their thesis and **at least** eight weeks before the date of the oral examination. All examiners must be approved by Faculty and failure to appoint examiners in a timely manner may delay the examination process. * **Suitability criteria for appointing examiners:** The **external examiner** is expected to have significant and demonstrable knowledge of the field covered by the thesis in order to provide an in-depth analysis of the thesis and in order to provide a rigorous viva voce examination. The **internal examiner** should be able to assess the thesis and to contribute to the oral examination and should also have a sound knowledge and understanding of University regulations and procedures governing the examination process. At least one of the examiners must be sufficiently experienced and familiar with the requirements of examining a UK PhD. **Examiners should have experience of *successfully* supervising at least one doctoral candidate and/or experience of examining at least three doctoral theses.** Should this not be the case, the curriculum vitae of the proposed examiner and a supporting statement as to why s/he is appropriate should be provided. The case will then be assessed by the relevant Faculty Officer. An internal coordinator may be required if the internal examiner has not had accrued much examination experience. **Internal co-ordinators** (where required)must have a sound knowledge and understanding of University regulations and procedures governing the examination process. Please also refer to: <https://www.sheffield.ac.uk/rpi/pgr/examination/appointing-examiners>. * To avoid **potential conflicts of interest**, examiners should have **no previous association** with the candidate or direct involvement in their research project. This includes, e.g. co-authorship of research papers, involvement as a co-supervisor, etc. * We expect departments to appoint a diversity of external examiners. Where possible, an external examiner should not normally be re-appointed within a three-year period. * **Viva format:** The expectation is that most oral examinations will now be held face-to-face; however, remote or hybrid examinations are also possible, depending on the preference of the student and needs of the participants. Please note that all oral examinations will be recorded using Blackboard Collaborate, regardless of whether they take place in-person or remotely. Faculty Graduate Schools will set up the session on Blackboard Collaborate once the student has submitted and a date has been arranged. | | | | | | |
| **STUDENT DETAILS** | | | | | | |
| Family Name | |  | | First Name |  | |
| Registration Number | |  | | Department/Programme |  | |
| Email address | |  | | | | |
| Thesis Title: | | | | | | |
|  | Student Candidate (an Internal and External Examiner should be nominated) | | | | | |
|  | University Staff Candidate (two External Examiners and an Internal Co-ordinator should be nominated) | | | | | |
|  | University Staff Candidate holding either i) a non-established post arising from external financing or ii) an established post within the NHS *and* Honorary University Contract (an Internal and External Examiner should be nominated) | | | | | |

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| **DETAILS OF REPLACEMENT EXAMINER(S)** | | | | | | | | | | | | |
| **Details of the examiner(s)/co-ordinator being replaced** | | | | | | | | | | | | |
| Name of the examiner(s) being replaced: | | | | | External Examiner | | | Internal Examiner | | | Internal Co-ordinator | |
| Reason for the proposed change of examiner/co-ordinator: | | | | | | | | | | | | |
| **Proposed replacement examiner(s)/co-ordinator** | | | | | | | | | | | | |
| Title | First Name | | | Family Name | | Title | | | First Name | | | Family Name |
| Correspondence Address | | | | | | Correspondence Address | | | | | | |
| Contact phone number | | Email | | | | Contact phone number | | | | Email | | |
| Academic Status | | Qualifications | | | | Academic Status | | | | Qualifications | | |
| **Number of research degree examinations undertaken** (if the numbers are large you may estimate): | | | **Number of doctoral students supervised to completion as first supervisor** (if the numbers are large you may estimate): | | | **Number of research degree examinations undertaken** (if the numbers are large you may estimate): | | | | **Number of doctoral students supervised to completion as first supervisor** (if the numbers are large you may estimate): | | |
| **Has this examiner previously been appointed at Sheffield?**  **If yes, please state when they were last appointed** | | | Yes  No  Year of previous appointment: | | | **Has this examiner previously been appointed at Sheffield?**  **If yes, please state when they were last appointed** | | | | Yes  No  Year of previous appointment: | | |
| **Reason why the external examiner is suitable** | | | | | | | **Reason why the external examiner is suitable** | | | | | | |
| ***I confirm*** *that the nominated examiners are happy to act in this capacity and that there are no conflicts of interest in these appointments.*  ***I confirm*** *that the examiners have suitable experience of the doctoral process in order to be appointed as examiners.* | | | | | | | | | | | | | |
| Supervisor’s Name: | | | | Signature: | | | | | Date: | | | | |
| HoD/PGR Lead Name: | | | | Signature: | | | | | Date: | | | | |

**Completed forms should be sent to your Departmental PGR Administrator who will forward them to Research, Partnerships and Innovation.**

**Departmental PGR Administrators: Please return this completed form to one of the following Faculty-specific email addresses: Arts & Humanities:** [**pgrarts@sheffield.ac.uk**](mailto:pgrarts@sheffield.ac.uk)**; Engineering:** [**pgreng@sheffield.ac.uk**](mailto:pgreng@sheffield.ac.uk)**; Health:** [**pgrhealth@sheffield.ac.uk**](mailto:pgrhealth@sheffield.ac.uk)**; Science:** [**pgrsci@sheffield.ac.uk**](mailto:pgrsci@sheffield.ac.uk)**; Social Sciences:** [**pgrsocsci@sheffield.ac.uk**](mailto:pgrsocsci@sheffield.ac.uk)

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| **CONFIRMATION OF EXAMINERS: TO BE COMPLETED BY RESEARCH, PARTNERSHIPS AND INNOVATION** | | | |
| **Approved on behalf of the Faculty by:** | Examiners appointed on CIS | Yes | No |
| Name: | Signature: | Date: | |