

Thesis Examination Report of Chairperson
Doctor of Philosophy or Master's (by Research) Degree
by Submission of Published Work by Staff of the University



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Please forward the completed report with attachments to the University Graduate Studies Committee.

Chairperson's Report (To be completed by Chairperson, Supplication Review Committee)

Staff Member's Surname or Family Name: _____ Given Names: _____

Student ID number: _____ Staff ID number: _____ Course Code: _____ SpkCode: _____ Title of Course: _____

Enrolling Area: _____ Faculty: _____

Title of Thesis: _____

Names of Examiners:

1. _____ 2. _____ 3. _____

Recommendation

After reading the examiners' reports and noting the amendments and/or revisions, I recommend that the thesis be classified as:

- PASSED**
- OR
- FAILED**

This recommendation is based on (tick **one** box):

- no amendment having been required, other than correction of errors of presentation; or
- the thesis having been recommended as a FAIL by examiners.

The recommendations of the Examiners were (please indicate below the recommendation given from each Examiner):

Examiner 1. _____ Examiner 2. _____ Examiner 3. _____

Please ensure that the following have been completed:

1. It is confirmed that the amended thesis, ready for final binding, has been sent directly to the Office of Research and Development.
2. It is confirmed that the amended thesis, in electronic format, has been delivered directly to the Library's Australasian Digital Thesis (ADT) Coordinator together with the completed *Verification Form for the Submission of Digital Theses of Higher Degree by Research Students*. (This is mandatory if student enrolled after January 1, 2005.)
3. All Examiners' reports are attached.
4. A statement documenting the staff member's response to the Examiners' reports is attached.
5. Please document any action taken by the Supplication Review Committee and/or the staff member in response to the recommendations of the examiners (*attach a separate page if necessary*):

Signature of Chair, Supplication Review Committee _____ Date: _____

Date of UGSC Consideration

- Outcome:** (i) Recommendation for degree approved.
Candidate awarded a Pass grade; or
- (ii) Recommendation for degree not approved.
Candidate awarded a Fail grade.

» Inform Staff Member
» Provide copy of form to Thesis Examinations Officer

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Comments

Signature of Chair, UGSC (or nominee) _____ Date: _____