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| Recommendation by Degree Committee on the examination for the PhD, MSc and MLitt Degree( type or print) | Board of Graduate Studies |

Degree Committee …………………………………………Meeting date ……/………/………...…

Candidate Name:…………………………………….…… USN:……………………..……………College:………

Principal Supervisor’s name……………………………and Principal Supervisor’s email……………

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| **(a) To recommend that this student be approved for the Degree\*, for which s/he is a candidate (\*indicate PhD, MSc or MLitt Degree) )** |
| **1** | without correction |  |
| **2** | subject only to *minor, or straightforward* corrections to be undertaken to the satisfaction of the Internal Examiner/External Examiner/Both Examiners **(3 Months)** |  |
| **3** | subject to *more substantial, or less straightforward*, corrections to be undertaken to the satisfaction of the Internal Examiner/External Examiner/Both Examiners **(6 Months)** |  |

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| **(b) To recommend that this student revise and resubmit the thesis and undertake a fresh examination:**  |
| **4** | for the Degree sought by no later than:…………………………………………….20……… |  |
| **5** | for the Degree sought by no later than:…………………………………………….20………or, accept a MLitt or MSc Degree without further revision or examination, but subject to correction if required to be undertaken to the satisfaction of the Internal Examiner/External Examiner/Both Examiners (please indicate it corrections required) |  |

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| (c) To recommend that this student be not approved for the Degree sought or allowed to submit a revised thesis for the Degree sought (failure):  |
| **6** | approve for a lesser degree only |  |
| **7** | revise and resubmit for a lower degree only |  |
| **8** | outright failure |  |

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| (d) Viva Date |
| **9** |  |  |

**NB: Do not return dissertations to the Student Registry**

Please find enclosed:

* the Examiners' independent reports and their joint report on the oral or other examination

Date: *..............…………………………………* Chair/Secretary: ……………...………………………….

Present and voting in favour(names): Present and voting against(names):

Present but not voting:

Names and Addresses of Examiners:

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| ……………………………………………………………... | ……………………………………………………………… |
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Please return this form to: The Secretary, Board of Graduate Studies, 4 Mill Lane, Cambridge CB2 1RZ