**RESEARCH DEGREE:Independent Chair’s Report**

**MPhil/PhD/ProfDoc Oral Examination**

*The independent chair is required to complete this form on the outcome of the oral or alternative examination and the conduct of the examination as a whole.*

*The completed form must be returned to* [*research.degree@solent.ac.uk*](mailto:research.degree@solent.ac.uk) *in Research, Innovation & Enterprise* ***immediately after the examination****.*

**Name of Candidate**:

**Name of Independent Chair**:

**1st External Examiner Present:**

**2nd External Examiner Present (if applicable):**

**Internal Examiner Present:**

**Observers (if any):**

**Date of Examination**: **Start Time**: **End Time**:

**Location (room number):**

**Part A: The examination**

**All comments and feedback given in this document must be appropriate for dissemination to the student; this document forms part of the student record and can be supplied to them following a Freedom of Information (FOI) request.**

1. Were any concerns raised during the oral examination by either the candidate or the examiners?
2. If so please provide further details here;
3. Independent Chair’s comments if any (please only complete this field if required);

I am satisfied that the examination was conducted in a fair and proper manner, in accordance with the Solent University regulations for postgraduate research students and the Code of Good Research Practice.

**Signature of Independent Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return to** [**research.degree@solent.ac.uk**](mailto:research.degree@solent.ac.uk) **in Research, Innovation & Enterprise on the day of the oral examination.**