**3rd Progression Review (Reassessment) - Nomination of Reassessment Panel Members**

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

*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.*

**Instructions**

Your student has completed the 1st attempt of their 3rd Progression review, and the outcome was for the student to be reassessed. If the student was required to submit a revised report, this will be forwarded to the reassessment panel members in due course.

Please complete this form and forward it to the Graduate School Office. Please circle/delete as appropriate. **Questions marked with an asterisk are mandatory.**

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**Reassessment Panel Meeting (viva)**

In accordance with the University’s Code of Practice *(*[*http://www.calendar.soton.ac.uk/sectionV/code-practice.html*](http://www.calendar.soton.ac.uk/sectionV/code-practice.html)*),* **the viva must be conducted by a member of the supervisory team and an independent assessor** who has had no direct involvement in the research. The independent assessor must have relevant expertise and experience and have been independent of the supervisory relationship.

**An independent chair must also be appointed.**

The questioning will be led by the independent assessor who will also write the panel report. The supervisor will then review the assessor’s report.

**Important:** If the independent assessor is external to the University, you must also nominate an additional internal assessor.

You should now arrange the viva and nominate an independent assessor, a member of the supervisory team and independent chair. Please complete the form below with the details and forward to the Graduate School Office. If you are the member of the supervisory team who will attend the viva, please add yourself as an attendee.

**Please inform your student of the date, time and location of the viva.**

**Date and Time of viva (if known)**

The decision from the re-viva must be made by the final 3rd Progression Review deadline which is noted in the email that was sent to you with this form.

Date

Time

Location of viva (if known)

**Reassessment Panel Members**

**\*** Please enter the names of the review panel members in the table below.

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Email address** |
| Independent Assessor+ |  |  |
| Supervisor |  |  |
| Additional Internal Assessor (if required) |  |  |

+ The Independent Assessor must have had no direct involvement in the research project

**Nomination of Other Non-Assessing Invitees** (e.g. Independent Chair, Other)

**You must nominate an independent chair.** Please complete their details below.

**Independent Chair**

**\*** Name

**\*** Email Address

You may also add other invites (e.g. Industrial Partner representative) who may attend the viva but will not be allowed to take part in the assessment.

Please add any additional attendees below as applicable.

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Email address** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Supervisor name: |  |
| Signature: |  |
| Date: |  |

When you have completed this form, please sign it and return to the Graduate School Office. **Please ensure you return this form promptly as the viva should take place before the final 3rd progression review decision deadline.**

**Directorate Approval**

**Instructions**

Please approve the nomination of the reassessment panel members and independent chair for the 3rd Progression Review reassessment. Please ensure that the panel consists of at least one independent assessor **and an independent chair** as reflected in the Code of Practice.

In exceptional circumstances, the Faculty Director of Graduate School may wish to appoint an additional independent assessor.If you wish to nominate an additional independent assessor, please give their details below:

Name

Email Address

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

**When you have completed this form, please sign it and return to the Graduate School Office. If there are any issues with the nominated attendees or independent chair, please contact the supervisor directly.** **If any changes are made to the reassessment panel members, the Graduate School Office must be notified as soon as possible.**