**Confirmation - Assessors Review & Panel Report**

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

You have been approved as the **lead** independent assessor for this student’s Confirmation Panel. Please review the student’s Interim Thesis, review of Academic Needs Analysis and updated training record.

The Confirmation Panel will consist of two independent assessors, one of whom will take the role of lead assessor and will lead the panel and write the assessors’ report.

**The following section is to be completed by the lead assessor after consultation with the second assessor.** The second assessor will then review and sign off the assessors’ report.

**Once the viva has taken place, please ensure you complete this form and return it to the Graduate School Office promptly as the student will not receive the panel recommendation and report until this form is submitted.**

If the recommendation is to reassess the student, **the Director of the Faculty Graduate School and the student must be informed of the outcome within TEN working days of the viva**, in accordance with the ‘Procedures for Circumstances that may lead to Withdrawal or Termination’. (<http://www.southampton.ac.uk/quality/pgr/research_degree_candidature/termination_withdrawal.page>)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following the viva, please complete the form below. **If the recommendation is NOT to confirm the student, please advise on further action required.**

Please circle/delete as appropriate. **Questions marked with an asterisk are mandatory.**

**IMPORTANT:** It is recommended that both assessors agree on the content of the report before submission. If there is a disagreement regarding the outcome of the viva, this should be referred to the Director of Graduate School.

|  |
| --- |
|  |

\* Date of viva:

\* Recommendation**:** Pass/Reassess

For guidance on the criteria for Confirmation, please refer to the Code of Practice *(*[*http://www.calendar.soton.ac.uk/sectionV/code-practice.html*](http://www.calendar.soton.ac.uk/sectionV/code-practice.html)*)*

|  |
| --- |
|  |

\* Please tick to confirm that the training requirements were discussed with the student during the viva

**Is there a clear plan for completion?**

Please comment on any areas where you feel improvement is required in order to successfully complete the Doctoral thesis.

|  |
| --- |
|  |

**Issues for consideration**

Please list any issues which came to light during the viva and describe what action should be undertaken to overcome them.

|  |
| --- |
|  |

**Assessors’ Report**

The assessors’ report should include your comments on the Interim Thesis and the viva, as well as your recommendations for further work or training to be undertaken.

If your recommendation is to **reassess the student**, this would normally require a resubmission of the Interim Thesis as well as a re-viva. If no amendments to the Interim Thesis are required, the student will resubmit the Interim Thesis without any changes. If amendments to the Interim Thesis are necessary, please indicate this clearly in the assessors’ report.

If the student resubmit their amended Interim Thesis and you are satisfied that as a result of the changes, this is enough to “confirm” their Doctoral status, there is no need to hold a re-viva. However, **confirmation cannot be declined without a re-viva with an Independent Chair.** Therefore if the amended Interim Thesis is not sufficient for confirmation, a re-viva **must** take place.

Please type your report in the box below or submit a separate document with this form.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Lead Assessor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Remaining Assessor Sign Off**

Please review the Confirmation Panel recommendation and assessors’ report submitted by the lead assessor, then sign this form and return to the Graduate School Office.

**Please ensure you complete this form promptly as the student will not receive the panel recommendation and report until this form is submitted.**

If you have any queries with the lead assessor’s recommendation or report, please discuss these with the lead assessor directly, before submitting this form. If there is a disagreement between the assessors regarding the outcome of the viva, this should be referred to the Director of Graduate School.

|  |  |
| --- | --- |
| Second Assessor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Supervisor Review**

*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.*

**Please ensure you complete this form and return it to the Graduate School office promptly as the student will not receive the panel recommendation and report until this form is submitted.**

If the recommendation is to reassess the student, **the Director of the Faculty Graduate School and the student must be informed of the outcome within ten working days of the viva**, in accordance with the ‘Procedures for Circumstances that may lead to Withdrawal or Termination’. (<http://www.southampton.ac.uk/quality/pgr/research_degree_candidature/termination_withdrawal.page>)

If there are significant issues with the assessors’ report, please discuss these with the assessors directly. If it is necessary to make amendments to the assessors’ report, the lead assessor must email their updated report to the Graduate School Office.

**However, please note –the decision on the final outcome is entirely that of the independent assessors.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Review**

Please review the Panel Report. If you wish to add any comments for the student, you can do so in the box below.

**Comments for the student:**

|  |
| --- |
|  |

**Action Plan** (if applicable)

If the Confirmation panel recommendation was to reassess the student, please consult with the assessors and the student and submit an action plan for the student with this form. The action plan should address any required revisions or further work.

|  |
| --- |
|  |

**Resubmission deadline:**

The resubmission deadline should be at the latest 1 month before the final Confirmation deadline. The final Confirmation deadline is noted in the email that was sent to you with this form.

|  |  |
| --- | --- |
| Supervisor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Student Review**

**Instructions**

Please review the panel report and the action plan (if applicable).

Once you have reviewed these, please complete this form and forward to the Faculty Graduate School Office. If you wish to add any comments you can do so in the box below.

**Please Note: you are required to tick the statement below and submit this form in order to continue your registration on your programme of study.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

**Please tick to confirm you acknowledge the comments and recommendation and agree to undertake further training and actions as indicated in the panel report and action plan (if applicable)**

Any comments you wish to make:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Student’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Directorate Approval**

**Please approve this Confirmation report**

Please review this Confirmation report and action plan (if applicable) then sign this form and return to the Graduate School Office.

If the recommendation is to reassess the student, please follow the procedures as outlined in the ‘Procedures for Circumstances that may lead to Withdrawal or Termination’ in advance of the re-viva.

(<http://www.southampton.ac.uk/quality/pgr/research_degree_candidature/termination_withdrawal.page>).

If there are any issues with the Confirmation report or action plan (if applicable), please contact the assessor or supervisor directly. If it is necessary to make amendments to the assessors’ report or action plan these must be submitted directly to the Graduate School Office.

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

**When you have completed this form, please sign it and return to the Graduate School Office.**