DCU
Ollscoil Chathair
Bhaile Átha Cliath
Dublin City University

Examination Report for the Award of a Higher Degree (by Research) – PGR6

Postgraduate Research Studies

Academic Year 2025/2026

Guidance & Instructions for Completion of Form

- Please refer to the Guidance on Electronic Completion & Submission of PGR Forms prior to completion of the report.
- Completed reports must be submitted to postgraduate.research@dcu.ie by the Independent Chairperson (in the case of a PhD or Professional Doctorate) or by the Internal Examiner (in the case of a Master's) immediately following the viva voce examination. All required sections and signatures must be populated prior to submission.

Submission Deadlines

Please be informed submission deadlines for each graduation session are published at https://www.dcu.ie/registry/postgraduate-research-registry

SECTION A. SUMMARY OF DETAILS

Name of Candidate			
Student ID Number			
Title of Award Sought	DBA ☐ DProfElite ☐ DPsych ☐ EdD ☐ PhD ☐ MA ☐ MEng ☐ MSc ☐ LLM ☐ MPhil ☐ MBS ☐ MEd ☐		
Thesis Format[1]	Monograph ☐ Publication ☐ Artefact ☐ Creative/Performance Practice ☐		
Title of Thesis			
School[2]			
Internal Examiner			
External Examiner(s)			
Independent Chairperson			
Supervisor(s)	**Principal/ Joint Principals**	**Secondary Internal** (where relevant)	**Secondary External** (where relevant)

[1] Guidance on Thesis formats is available to view on Section 9 of the Academic Regulations for Postgraduate Degrees by Research and Thesis.
[2] EdD registration sits at Faculty level, please list DCU Institute of Education where this is applicable.

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Postgraduate Research Studies

Academic Year 2025/2026

SECTION B.1. **EXTERNAL EXAMINER - Preliminary Report on the Thesis**			
Candidate Name:			
Student ID Number:		**Title of Award Sought:**	

Notes regarding submission of the preliminary report and the *viva voce* examination:

- The External Examiner(s) should populate their preliminary report below. This report should incorporate a commentary on the work presented for examination as well as detailing any corrections to be made.
- In the cases where a *viva voce* is being held, please send this report to the Independent Chairperson prior to the *viva voce* examination.
- External and Internal Examiners may meet in advance of a *viva voce* examination, if any of the examiner's desire, without a candidate's academic supervisor and/or the Independent Chairperson being present.
- In the case where no *viva voce* is due to take place, Section B.1. should be sent to the Internal Examiner.
- Please ensure any attachments are also signed and dated.

External Examiner Signature
Please ensure any attachments are also signed and dated.

Sign: _____ Print: _____ Date: _____
External Examiner

SECTION B.2.
INTERNAL EXAMINER - Preliminary Report on the Thesis

Candidate Name:			
Student ID Number:		**Title of Award Sought:**	

Notes regarding submission of the preliminary report and the *viva voce* examination:

- The Internal Examiner should populate their preliminary report below. This report should incorporate a commentary on the work presented for examination as well as detailing any corrections to be made.
- In the cases where a *viva voce* is being held, please send this report to the Independent Chairperson prior to the *viva voce* examination.
- External and Internal Examiners may meet in advance of a *viva voce* examination, if any of the examiner's desire, without a candidate's academic supervisor and/or the Independent Chairperson being present.
- In the case where no viva voce is due to take place, the Internal Examiner is responsible for sending the completed reports to the Registry and informing the student of the recommendation.
- Please ensure any attachments are also signed and dated.

Internal Examiner Signature
Please ensure any attachments are also signed and dated.

Sign: _____ Print: _____ Date: _____
Internal Examiner

SECTION B.3.
REPORT FOLLOWING THE VIVA VOCE

Candidate Name:			
Student ID Number:		**Title of Award Sought:**	

Notes regarding completion of the report following the viva voce:

- This section should be completed on the day of the viva voce and should focus on performance during the viva voce.
- It should be completed jointly by examiners using the statements provided. Where there is disagreement, please complete this section individually.
- A response to parts (i) to (iii) below is required. Part (iv) is optional.
- Please ensure any attachments are also signed and dated.

A response here is required.

(i) Please describe how the candidate demonstrated that the work presented is their own. Consider their explanation of the work, as well as the methodology and findings.

A response here is required.

(ii) Please describe how the candidate demonstrated that they had an in depth understanding of the research topic and of the broader field of knowledge to which the research belongs.

A response here is required.

(iii) Please comment on whether the candidate during their viva voce defence, addressed any pre-viva concerns?

A response here is optional.

(iv) Any other comments deemed relevant by the examiners.

Internal & External Examiner(s) Signature

Please ensure any attachments are also signed and dated.

Sign: _____ Print: _____ Date: _____
Internal Examiner

Sign: _____ Print: _____ Date: _____
External Examiner

Note: Insert additional signature line if there are two External Examiners.

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Postgraduate Research Studies

Academic Year 2025/2026

SECTION C: RECOMMENDATIONS BY EXAMINERS

Candidate Name:			
Student ID Number:		**Title of Award Sought:**	

- This section must be completed on the day of the viva voce. In the case of a master's degree, the internal examiner must coordinate completion of this section.
- The Examiners are asked to indicate the final outcome of the Examination by placing a tick (✓) in the box corresponding to the relevant recommendation.
- In the cases where the Examiners disagree on the outcome, please complete this section individually.

1.	Award recommended: no correction needed.	❒
2.	Award conditionally recommended: subject to inclusion of corrections and revisions as specified in Section D**. Please also complete sections 2.1 & 2.2.**	❒
	2.1 Please indicate if the corrections required are:	
	(a) clearly specified textual emendations and/or	❒
	(b) clearly specified revisions to content	❒
	2.2 Please indicate if corrections should be validated by:	
	(a) the internal examiner only	❒
	(b) the external examiner only	❒
	(c) by both the internal and external examiners	❒
3.	Award **NOT** recommended but resubmission and full re-examination of a revised thesis to be permitted (normally within one year from the date when the student is informed of the recommendation (ref Section 11.4.7 of the Academic Regulations)).	❒
4.	Recommendation to permit candidate to withdraw thesis submitted for master's degree, for revision and resubmission at a later date for the higher award of PhD.	❒
5.	Where a doctoral award is sought, award of master's degree is recommended subject to re-formatting as a master's thesis and inclusion of corrections and revisions as specified in Section D. **Section 2.2 must also be completed** to indicate the arrangements for validation of corrections.	❒
	5.1 Please indicate the recommended award title:	
	LLM ❒ MA ❒ MBS ❒ MEng ❒ MEd ❒ MPhil ❒ MSc ❒	
6.	No Degree be awarded as candidate is unlikely to reach the standard for a research award.	❒

Internal & External Examiner(s) Signature
Please ensure any attachments are also **signed and dated**.

Sign: _____ Print: _____ Date: _____
Internal Examiner

Sign: _____ Print: _____ Date: _____
External Examiner
Note: Insert additional signature line if there are two External Examiners.

Further Comments			
Candidate Name:			
Student ID Number:		**Title of Award Sought:**	
Examiners are asked to indicate below the grounds for their recommendation if the outcome is not clear-cut or favourable. This space may be used also to comment on the examination process as a whole.			
Internal & External Examiner(s) Signature Please ensure any attachments are also **signed and dated**.			
Sign: _____ Print: _____ Date: _____ **Internal Examiner** Sign: _____ Print: _____ Date: _____ **External Examiner** Note: Insert additional signature line if there are two External Examiners.			

Examination Report for the Award of a Higher Degree (by Research) – PGR6

Postgraduate Research Studies

Academic Year 2025/2026

SECTION D.1.: DETAILS OF CORRECTIONS			
Name of Candidate:			
Student ID Number:		**Title of Award Sought:**	

- Examiners are asked to provide precise details of any corrections and/or revisions, **including an indicative timeframe for these changes** *(Ref: 11.4.5).*
- Furthermore, if the recommendation is a resubmission, please provide any conditions attached.
- Please use a separate sheet, if necessary and attach to this form.

SECTION D.2.:
EXAMINER(S) DECLARATION – Completion of Corrections

Complete ***either*** Section D.2 (i) **OR** Section D.2 (ii)

Name of Candidate:			
Student ID Number:		**Title of Award Sought:**	

Section D.2. (i)
Corrections Satisfactory

Examiner's Declaration
NOTE: The declaration below should only be signed by the relevant Examiner(s) indicated in Section C, AFTER the Candidate's corrections have been validated.

I/We hereby certify that the corrections and/or revisions specified above have been carried out in accordance with the Examiners' recommendations.

Sign: _____ Print: _____ Date: _____
Internal Examiner

Sign: _____ Print: _____ Date: _____
External Examiner

Note: Insert additional signature line if there are two External Examiners.

OR

See Section D.2. (ii) on the following page.

SECTION D.2 (ii)
Corrections Unsatisfactory – New Recommendation

Examiner's Declaration

NOTE: The declaration below should only be completed where revisions are considered to be unsatisfactory and, in accordance with Section 11.4.6 of the *Academic Regulations for Postgraduate Degrees by Research and Thesis,* the examiners deem that a new recommendation is necessary.

We hereby certify that the corrections and/or revisions specified above have ***not*** been carried out in accordance with the Examiners' recommendations and our revised recommendation is as follows:

1.	Award **NOT** recommended but resubmission and full re-examination of a revised thesis to be permitted (normally within one year from the date when the student is informed of the recommendation (ref Section 11.4.7 of the Academic Regulations)).	❒
2.	Where a doctoral award is sought, award of Master's Degree is recommended subject to re-formatting as a master's thesis and inclusion of corrections and revisions as specified in Section D	❒
3.	No Degree be awarded as candidate is unlikely to reach the standard for a research award.	❒

Further Comments

Examiners are asked to indicate below the grounds for their revised recommendation. Please ensure any attachments are also **signed and dated**.

Internal & External Examiner(s) Signature

Please ensure any attachments are also signed and dated.

Sign:_____ Print: _____ Date: _____
Internal Examiner

Sign:_____ Print: _____ Date: _____
External Examiner

Note: Insert additional signature line if there are two External Examiners.

SECTION E.1.:
REPORT OF THE INDEPENDENT CHAIRPERSON

- The role of the Independent Chairperson is to ensure adherence to the examination regulations and procedures as per section 11.5 of the Academic Regulations for Postgraduate Degrees by Research and Thesis and to ensure that the oral examination is conducted in a reasonable and equitable manner.
- The assessment of the candidate remains the sole responsibility of the Examiners appointed by Academic Council. The Independent Chairperson does not have any input into nor participation in any way in the assessment of the candidate.
- Independent Chairpersons are asked to state that the oral examination was conducted according to the University's regulations.

Candidate Name:			
Student ID Number:		**Title of Award Sought:**	
Date of Oral Examination:			
Format of Oral Examination:	**In-person** ❒	**Hybrid** ❒	**Fully online** ❒

The oral examination was carried out in accordance with the University's Regulations:

Yes ❒	**No** ❒

Comments can be populated below:

Independent Chairperson Signature

Sign: _____ Print: _____ Date:_____
Independent Chairperson

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Dublin City University

Examination Report for the Award of a Higher Degree (by Research) – PGR6

Postgraduate Research Studies

Academic Year 2025/2026

E.2.:
REPORT OF THE INDEPENDENT CHAIRPERSON TO HEAD OF SCHOOL

Please **detach Section E2** and forward to the Head of School)

The Chair should make a formal report to the Head of School on the quality of the examination process and on the recommendations made by the examiners as per section 8.4.9 of the Academic Regulations for Postgraduate Degrees by Research and Thesis. This ensures that the School will get appropriate feedback that can be used to good effect in improving the overall quality of future activities.

Name of Candidate:			
Student ID Number:		**Title of Award Sought:**	
Date of Oral Examination:			
Format of Oral Examination:	**In-person ❒**	**Hybrid ❒**	**Fully online ❒**

Chairperson's report on quality of the examination process for the Head of School:

Independent Chairperson Signature

Sign: _____ Print: _____ Date:_____
Independent Chairperson

Data Protection Notice
Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the Registry Data Protection Notice, which can be viewed at the following website address: https://www.dcu.ie/registry/data-protection-notice.shtml