

**Internal Examiner Report prior to an Oral examination of a Thesis Presented for the Degree of a MD**

**(First Submission)**

Please complete and return this form to **the Exam Convenor**, **1 week prior** to the Oral Examination.

This report should be completed wherever possible without consultation between the examiners. If it is necessary to consult, please note this and the reason(s) under ‘detailed comments’. MD word count requirement is a maximum of 80,000 words, there is no minimum requirement.

*As this report might be required under the Freedom of Information Act, it is recommended that you should write the report on the assumption that it may be disclosed when requested. We would also request that you do not identify individual students within the report*

**Name of candidate: Title of thesis**

**Internal Examiner**

**Internal Examiner  
Institution**

**Email:**

**SPECIFIC ASSESSMENT**

Please indicate your assessment of the thesis by typing Yes/No as appropriate. Any explanation of your assessment should be noted under ‘detailed comments’.

|  |  |
| --- | --- |
| **The thesis** | |
| Is an original work making a significant contribution to knowledge or understanding in the field of study. |  |
| Shows adequate knowledge of the field of study and relevant literature. |  |
| Shows the exercise of critical judgement with regard to both the candidate’s work and that of other scholars in the same general field. |  |
| Contains material which presents a unified body of work such as could reasonably be achieved on the basis of three years postgraduate study and research. |  |
| Is satisfactory in its literary presentation, gives full and adequate references and has a coherent structure understandable to a scholar in the same field with regard to intentions, background methods and conclusion. |  |
| Contains material which may form the basis for a publication. |  |

**CONTINUED OVERLEAF**

**DETAILED COMMENTS**

Please note that, under our Regulations, an oral examination is obligatory on first submission of an MD thesis.

*In the case of resubmitted and re-examined theses only (please tick as appropriate)*:

1. I recommend that an oral examination be held.

2. I recommend that an oral examination not be held.

(In the latter case the Convener of the Examining Committee will contact you to arrange completion and signing of the Examiners’ Joint Report, which would otherwise be done after the oral examination)

Signature: Date:

Print Name:

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