

**JOINT CONVENOR REPORT ON A THESIS PRESENTED FOR THE   
DEGREE OF MVM**

**Resubmission**

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| --- | --- |
| **STUDENT NAME** |  |
| **STUDENT ID** |  |
| **TITLE OF THESIS** |  |

**RECOMMENDATION – YES / NO:**

|  |  |
| --- | --- |
| The attached reports of the examiners are **favourable**. |  |
| The candidate **has** been examined orally.  [NB: An oral examination is not mandatory for an MVM degree, but the examiners may, at their discretion, require the candidate to undergo a written examination, or an oral examination, or both.] |  |
| The work described in the thesis, or some part of it, **has already been published.**  Or, if not, it is worthy of publication, either as a book or in periodicals of recognised standing. |  |
| The summary of the thesis (250 - 500 words) is an adequate and informative abstract of the work and is suitable for publication by the University. |  |

**TICK AS APPROPRIATE:**

|  |  |  |
| --- | --- | --- |
| **A** | The candidate be approved for the award of the degree of MVM without further conditions |  |
| **B** | The candidate be approved for the award of the degree of MVM subject to satisfactory completion of minor amendments to the thesis within 1 or 3 months |  |
| **C** | N/A |  |
| **D** | The candidate not be approved for the award of the degree of MVM and not be permitted to resubmit their thesis in support of any further application for the degree |  |

**Was an oral examination required? If yes, state the date:**

**Date when corrections were given to the student:**

This form should be signed by members of the Special Committee (the External Examiner is not required to sign unless there has been an oral examination).

**Exam Convenor: Internal Examiner: External Examiner: Date:**



**Resubmission**

**STUDENT NAME:**

**REPORT OF THE SPECIAL COMMITTEE**

**FOR A RESUBMISSION OF THESIS PRESENTED FOR THE DEGREE OF MVM**

Additional Comments if appropriate (e.g. on oral examination performance)

**Graduate School Office, College of Medical Veterinary and Life Sciences** Sir James Black Building, University of Glasgow, Glasgow, G12 8QQ, Scotland *Telephone:* +44 (0)141 330 5800

Email: [mvls-gradschool@glasgow.ac.uk](mailto:mvls-gradschool@glasgow.ac.uk) <http://www.gla.ac.uk/colleges/mvls/graduateschool/> "The University of Glasgow, charity number SC004401"



**Resubmission**

**APPROVAL OF CORRECTIONS FOR THE DEGREE OF MVM**

Retain this form until corrections are complete, then sign and date this form below and send with the Internal and External Examiners’ reports to the MVLS Graduate School Office.

I confirm that the requested corrections have been completed to the satisfaction of the Committee.

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| **Convenor** | **Date** |

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