**Appendix 2.9**

**Post-Oral Examiners Report**

This form should be completed and returned to the Graduate School, gradschool.socsci@glasgow.ac.uk

Candidate:

Title of Thesis:

Name of Convener:

Name of Internal Examiner:

Name of External Examiner:

Date of Oral Examination:

RESULT B Internal Examiner only

I confirm as the Internal Examiner for the above, that all the changes have been made to my satisfaction and the degree should be awarded.

Signed: Date:

RESULT B Convener

I confirm as the Convener for the above, that the degree should be awarded to the candidate.

Signed: Date: