**[](http://www.surrey.ac.uk/)**

# Confirmation Examiner Nomination Form

The [A2 regulations](https://www.surrey.ac.uk/quality-framework/academic-and-student-regulations-and-procedures) for research degrees state that confirmation will normally take place **9 to 15 months** after initial registration for **full-time students** and **18 to 30 months for part-time** students. If you find that you cannot make the deadline by which you need to submit your confirmation report, please discuss a request for extenuating circumstances initially with your supervisor and Post-graduate Researcher Director (PGRD).

Please refer to the A2 regulations for research degrees for further information.

## Section A – All fields must be completed by the candidate

|  |  |
| --- | --- |
| Name of candidate |  |
| URN |  |
| Faculty |  |
| Department/School/Centre |  |
| Name of supervisors |  |
| Are you a member of staff? | Yes  No |
| If you answered yes to above, please give details |  |
| Registration start date |  |
| Date completed the compulsory PhD/MD Confirmation Process workshop |  |
| Working title of thesis |  |
| Deadline for thesis submission |  |
| Statement of originality | By signing the below I confirm that:  *This thesis and the work to which it refers are the results of my own efforts. Any ideas, data, images or text resulting from the work of others (whether published or unpublished, and including any content generated by a deep learning/artificial intelligence tool) are fully identified as such within the work and attributed to their originator in the text, bibliography or in footnotes. This thesis has not been submitted in whole or in part for any other academic degree or professional qualification. I agree that the University has the right to submit my work to the plagiarism detection service TurnitinUK for originality checks. Whether or not drafts have been so assessed, the University reserves the right to require an electronic version of the final document (as submitted) for assessment as above.* |
| Signature of candidate |  |
| Date |  |

## Section B – To be completed by the Principal Supervisor

### B1: Internal examiner details

|  |  |  |
| --- | --- | --- |
| Name and title of internal examiner |  | |
| Job title |  | |
| Extension |  | |
| Email address |  | |
| Eligibility:  **I confirm that the internal examiner:** | | |
| has expertise in an area relevant to the student’s research | | Yes  No |
| has completed the relevant confirmation examiner training if they have no prior experience of examining a confirmation | | Yes  No  Prior experience-N/A |
| has there been any involvement with the project that could give rise to a conflict of interest | | Yes  No |
| is there a personal relationship with the student that could give rise to a conflict of interest | | Yes  No |

|  |  |  |
| --- | --- | --- |
| Name and title of internal examiner |  | |
| Job title |  | |
| Extension |  | |
| Email address |  | |
| Eligibility:  **I confirm that the internal examiner:** | | |
| has expertise in an area relevant to the student’s research | | Yes  No |
| has completed the relevant confirmation examiner training if they have no prior experience of examining a confirmation | | Yes  No  Prior experience-N/A |
| has there been any involvement with the project that could give rise to a conflict of interest | | Yes  No |
| is there a personal relationship with the student that could give rise to a conflict of interest | | Yes  No |

### B2: External examiner details (if applicable)

|  |  |  |
| --- | --- | --- |
| Name and title of external examiner |  | |
| Name of institution or organisation |  | |
| Job title |  | |
| Contact address |  | |
| Telephone number |  | |
| Email address |  | |
| Link to examiner’s online list of publications |  | |
| Eligibility:  **I confirm that the external examiner:** | | |
| has expertise in an area relevant to the student’s research | | Yes  No |
| has there been any involvement with the project that could give rise to a conflict of interest | | Yes  No |
| is there a personal relationship with the student that could give rise to a conflict of interest | | Yes  No |
| has examined at least one confirmation, or equivalent, at another institution | | Yes  No |

## B3: Supporting statement

|  |
| --- |
| Please write a short justification for the nomination of the confirmation examiners. The statement will cover how the examiners’ expertise is relevant to the candidate’s confirmation report. |
|  |

## Section C: Faculty Sign-off

|  |  |
| --- | --- |
| Signature of Principal Supervisor |  |
| Date |  |

|  |  |
| --- | --- |
| Signature of local PGR Director |  |
| Date |  |

Please retain a copy for your records

Please return the form to the Research Degrees Office [researchdegrees@surrey.ac.uk](mailto:researchdegrees@surrey.ac.uk) when completed and approved by the PGR Director.