**EXAMINER’S VIVA VOCE REPORT**

**Degree of Doctor in Medicine**

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| --- | --- |
| Name of Student | Date |
| Name of Examiner(s) | Individual ReportJoint Report |

**Recommendation** (please tick as appropriate)

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| **Forthwith award of MD** | **Permission should be given for the thesis to be revised and resubmitted within 12 months for the degree of MD.** |
| **Award of MD subject to corrections being made within 3 months** (corrections refer to typographical errors, occasional stylistic or grammatical flaws, corrections to references, etc.)Corrections to be verified by: Internal examiner only External examiner(s) only All examiners | **The degree of MD should NOT be awarded** |
| **Award of MD subject to corrections being made within 6 months** (amendments refer to minor deficiencies, requiring some textual revision.)Internal examiner only External examiner(s) only All examiners |  |

Signature of Examiner(s): Date

*Please complete your report overleaf*

**Report on the *Viva Voce* Examination:** Date of examination

If revisions to the theses are required please include, with your report, advice about the required modifications.

*Please return this completed form within one week following the viva voce examination to:* Student Registry, University House, Lancaster University, Bailrigg, LA1 4YW.

**Scanned copies are acceptable and can be sent to** **recordsenquiries@lancaster.ac.uk**