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| **Guidance & Instructions for Completion of Form**   * Please refer to the [Guidance on Electronic Completion & Submission of PGR Forms](https://www.dcu.ie/registry/postgraduate-research-academic-regulations-guidelines-registry) prior to completion of the report. Only typed forms will be accepted. * The completed form and report should be submitted to the relevant [Executive Dean of Faculty](https://www.dcu.ie/president/senior-management-presidents-office) and copied to the Dean of Graduate Studies at dcudeanofgraduatestudies@dcu.ie * One report to be completed by each Assessor. |

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| 1. **ASSESSOR / CANDIDATE DETAILS** | | | |
| **Name of Assessor** |  | | |
| **Name of Candidate** |  | **ID Number** |  |
| **Title of Award Sought**  *(please tick as appropriate)* | Doctor of Letters (DLitt) ❒ Doctor of Laws (LLD) ❒  Doctor of Science (DSc) ❒ Doctor of Engineering (DEng) ❒ | | |

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| **B.1. ASSESSOR’S RECOMMENDATION** *Please indicate the final outcome of the Examination by placing a tick (√) in the relevant box* | |
| 1. Award Recommended ❒ | 1. Award Not Recommended ❒ |
| I hereby certify that I have assessed the above candidate’s thesis in accordance with the regulations for the award of a Higher Doctorate and have included my report under Section B2.  Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  **Assessor’s Signature** | |

**P.T.O. FOR SECTION B.2.**

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| **B.2.: ASSESSOR’S REPORT**  The Assessor should include their full report below. The report should include commentaries on how well the candidate’s submission supports a case that they have:   1. made a contribution of originality and merit to their field of study 2. made a sustained, consistent and substantial contribution to the advancement of knowledge over a number of years 3. authoritative standing in their field of study 4. seminal publications which have led to extensions of development of knowledge by others. |
|  |
| Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  **Assessor’s Signature** |

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