**EXAMINER’S SUMMARY REPORT FORM**

Version date: February 2025

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| **Candidate details** | |
| Name |  |
| Degree |  |
| Thesis title |  |

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| **Recommendation** | |
| Having read the thesis, I recommend that it: (*Please tick one box below)* | |
| **1.** Be accepted without amendment or further examination |  |
| **2.** Be accepted, only conditional upon minor grammatical or typographical errors being corrected, to the satisfaction of the Supervisor. I confirm that I have listed the required corrections in my report, or I have identified them through annotations in the manuscript. |  |
| **3.** Be accepted, without further reference to the Examiners, but conditional upon revisions limited to relatively minor structural matters and/or a small number of conceptual clarifications and/or attention to a limited range of essential literature otherwise omitted (in addition to the correction of any minor grammatical or typographical errors). I confirm that I have detailed the required revisions and minor corrections in my report. |  |
| **4.** Not be accepted but be permitted to be revised according to substantive matters of research and/or argument and/or structure and/or presentation and submitted for fresh examination. I confirm that I have provided the details of the required substantive revisions. I am willing to re-examine the thesis. |  |
| **5.** (Only for doctoral examination) Not be accepted for doctoral award but may be recommended for award of Master degree. |  |
| **6**. Not be accepted, and not be permitted to be submitted for re-examination. |  |

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| Please tick box, if thesis recommended for University Medal? (Please refer <https://divinity.edu.au/wp-content/uploads/2024/03/Regulation-12-Honours-and-Prizes.pdf> for details) |  |

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| **MPhil theses only**  *Please provide grade and percentage of marks* | |
| Marks: ……………….% | 1. High Distinction (85% - 100%) |
|  | 2. Distinction (75% - 84%) |
| 3. Credit (65% - 74%) |
| **Evaluation Report (Please provide detailed evaluation report, a number of pages can be used)** | |
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**Disclosure to Candidate**

In line with Freedom of Information legislation, the names of examiners ***will*** be revealed to the candidate, ***unless an examiner specifies otherwise***. Please tick below if you wish your identity to remain confidential:

|  |  |
| --- | --- |
|  | **I am not willing for my name to be revealed to the candidate** |

|  |  |
| --- | --- |
| **Examiner’s details** | |
| Name |  |
| Institution |  |
| Email |  |
| Date |  |

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| --- | --- | --- | --- |
| ***Office of the Vice-Chancellor use only*** | | | |
| Date received |  | Date sent to Chair of Examiners |  |

**Please email the completed form to:** Registrar, School of Graduate Research at [skashyap@divinity.edu.au](mailto:skashyap@divinity.edu.au)