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| **POSTGRADUATE RESEARCH VIVA BOARD****RESUBMISSION** **PANEL RECONFIRMATION**  |
| Please complete this form to reconfirm a Viva Board for Postgraduate Research examination - Resubmission. This form should be returned to your Faculty Postgraduate Research Administrator.If you have any questions or would like further information, guidance and support, please see the [University Guide to the Examination of Research Students](https://myuni.swansea.ac.uk/academic-life/academic-regulations/research-guidance/guide-to-the-examination-of-research-students/) and/or contact pgrnoms@swansea.ac.uk  |
| **CANDIDATE INFORMATION** |
| Student Name: | Student Number: |
| Faculty: | Programme (PhD, MSc, etc.): |
| Subject area: | Thesis title: |
| Member of staff?: **Yes/No** | Role title: |  |
| Viva Date (if known): |  |
| **SUPERVISORY TEAM** |
| First Supervisor: |  |
| Additional Supervisors: | *List all individuals who have been involved in the supervision of the candidate* |
| **EXAMINATION BOARD** |
| Proposed Chair: |  |
| Proposed Internal Examiner  |  |
| Proposed External Examiner 1 |  |
| *Proposed External Examiner 2* | *For students who are members of staff at Swansea University only* |
| **CONFLICT OF INTEREST**  |
| No known conflict of interest has arisen between the other panel members (including the student) and **Internal Examiner** since the previous examination took place. (e.g. research collaborations, personal relationships). | *YES/NO* |
| No known conflict of interest has arisen between the other panel members (including the student) and **External Examiner 1** since the previous examination took place. (e.g. research collaborations, personal relationships). | *YES/NO* |
| No known conflict of interest has arisen between the other panel members (including the student) and **External Examiner 2** since the previous examination took place. (e.g. research collaborations, personal relationships). | *YES/NO* |
| Faculty Postgraduate Research Administrator Verified: | Name: | Date: |
| Faculty PGR/Head/Deputy Head of Faculty approved: | Name: | Date: |