

**Application to Register for a Research Degree**

Students are to complete this form in consultation with supervisors after having referred to the University’s Research Degrees Regulations and Procedures within the Code of Practice. The Code of Practice can be viewed at:

<http://www.dmu.ac.uk/research/graduate-school/current-research-students/code-of-practice/code-of-practice.aspx>

All forms submitted must be typed in a font size no smaller than 10pt. Incomplete or hand written forms will be returned. Completed forms are to be sent to the Graduate School Office.

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| 1. Student Details |
| Last Name:  |       | First Name: |       |
| Student ID Number: |       |  |
| Private address: | Local Address (if different): |
|       |       |
| Telephone Number: |       |  |  |
| DMU Email Address: |       |
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| 2. Programme of Research |
| Working title of the proposed investigation: (Acronyms must not be used) |       |
| Within the School / Department / Centre or Division: |       |
| Faculty: |  |
| Majority of research time is spent in: |  |
| Proposed name of academic discipline for degree certificate: (Maximum 3 words) |       |
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| 3. Statement by the Applicant |
| I wish to apply for registration for the research degree ofon the basis of the proposals given in this application |  |
| Starting date for registration purposes (Normally the Enrolment date): |       |
| Mode of study: Full-time or Part-time: |  |
| Maximum length of registration before submission:  |  |
| I will be studying overseas under the International PhD Programme |  |
| I will be submitting under Regulation 11.1. (Research by Exhibition, Performance or other creative work?) |  |

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| 4. Qualifications Gained (since leaving school) |
| Award gained & subject area | Classification | Awarding Body | Date |
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| 5. Researcher Development |
|  I confirm that I will follow the agreed Researcher Development Programme as outlined in the Researcher Development Handbook. YES/NO:  |

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| 6. Details of Facilities Available for the Programme of Research Carried Out Primarily at Another Institution |
| Is your programme of study carried out primarily at another institution? YES / NO:  |  |
| If YES please state the name of the institution:  |       |
| Does this institution abide by the guidelines listed in the regulations? YES / NO:  |  |
| Please forward a statement from this institution which indicates the resource support available. |

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| 7. Collaborating Establishment |
|  Please note information provided here will appear on your degree certificate upon completion. |
| Name and Address of Collaborating Establishment (if any) |       |

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| 8. Confidentiality |
| Is permission sought for the thesis to be kept confidential? YES / NO: |  |
| If yes: How many years do you require confidentiality for? (Maximum period of 3 years) |  years |
| Why is confidentiality sought? |       |
| If you seek confidentiality then your application may be considered further by Legal Affairs. |

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| 9. Ethical Approval |
| Have you submitted your Faculty Ethical Review form? YES / NO:Has appropriate approval for the project been gained from your Faculty? YES / NO:Has appropriate approval for the project been gained from external organisations?For example: Internal Ethical (e.g. Interviews, sampling etc), External Ethical (where appropriate), laser safety, radioactivity substance work. |  |

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| 10. Programme of Research – All acronyms must be defined |
| **10.1.** State the main aims of the investigation  |
|       |
| **10.2.** How does the proposed research relate to previous published work in this field? (Appropriate references from section 10.5 should be cited) |
|       |
| **10.3.** Proposed methods of investigation, indicating the need for any specialised facilities inside and/or outside the University. (If this application is for ‘transfer of registration between MPhil and PhD’ or ‘the Doctoral Researcher Programme’ please indicate at which stage of your research the transfer or formal review is anticipated and not a time elapsed) |
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| **10.4.** What are the anticipated outcomes you expect from this investigation? In the case of MPhil/PhD and PhD direct students what is the anticipated original contribution to knowledge? |
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**(Note - Section 10.1 - 10.4 should all fit on the same page)**

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| **10.5.** Key references (To be submitted in an academically recognised format) |
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| **10.6.** References to show that all of the supervisors have recent publications in the student’s project area (If publications are not available a statement outlining expertise of supervisor(s) to be included) |
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| 11. Supervision of Programme of Work |
| (Curriculum Vitae for new supervisors to DMU should be forwarded to the Graduate School Office). |
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| **First Supervisor –** The Supervisory team must include at least one member with experience of at least one successful supervision at this level |
| Full Name with Title: |       |
| Post Held and Department: |       |
| Contact Address: |       |
| Telephone/Fax/Email |       |
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| *Experience of supervision of registered research degree candidates:* |
| (a) Currently supervising |    | Students |    | FTEs |
| (b) Successfully supervised to completion |    | MPhil |    | PhD |
| Where experience is at a non-UK institution, please state name and location of institution |
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| **Second Supervisor(s)** |
| Full Name with Title: |       |
| Post Held and Department: |       |
| Contact Address: |       |
| Telephone/Fax/Email |       |
|  |
| *Experience of supervision of registered research degree candidates:* |
| (a) Currently supervising |    | Students |    | FTEs |
| (b) Successfully supervised to completion |    | MPhil |    | PhD |
| Where experience is at a non-UK institution, please state name and location of institution |
|  |       |
|  |
| **Second Supervisor(s)**  |
| Full Name with Title: |       |
| Post Held and Department: |       |
| Contact Address: |       |
| Telephone/Fax/Email |       |
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| *Experience of supervision of registered research degree candidates:* |
| (a) Currently supervising |    | Students |    | FTEs |
| (b) Successfully supervised to completion |    | MPhil |    | PhD |
| Where experience is at a non-UK institution, please state name and location of institution |
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| **Details of any other person(s) who will act in an advisory capacity**  |
| Full Name with Title: |       |
| Post Held: |       |
| Contact Address: |       |
| Telephone/Fax/Email |       |

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| 12. Recommendation by the Supervisors |
| We support this application and believe that the applicant has the potential successfully to complete the programme of work proposed. We confirm that the applicant will be released to attend the DMU Generic and Faculty Researcher Development Programme.We recommend that the applicant be registered as a student for a research degree.If we need Ethical or any other approval in the future we will seek approval and notify the Graduate School Office. |
|  Risk Factors (To be completed by the student in consultation with the Supervision Team) |
| Please identify any risk that might arise in relation to the design and operation of this research programme and explain how these will be addressed. This section should NOT be left blank.Guidance on how to complete this section is available on the website:<http://www.dmu.ac.uk/research/graduate-school/current-research-students/forms/forms.aspx>.  |
|       |
| Signed |  | 1st Supervisor | Date  |  |
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| Signed |  | 2nd Supervisor | Date  |  |
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| Signed |  | 2nd Supervisor | Date  |  |
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| 13. Statement by the Student |
| I confirm that the particulars given in Sections 1-10 are correct.I confirm that I have read and understood the Research Degree Regulations, and I agree to abide by these regulations. |
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| Signed |  | Date |  |
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