RD1PA (09/2018)

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# **RESEARCH DEGREE: Project Approval Form**

*This form should be used to apply for Project Approval and forwarded to Research, Innovation & Enterprise (via* *research.degree@solent.ac.uk**), who will make arrangements for the application to be considered by the PGR Scrutiny Panel. Please refer to Guidance note #4 available on the portal.*

***Note:*** *This form is designed to be completed electronically and will expand as necessary. Do not regard the ‘white space’ provided as a constraint on the appropriate length of any comments made.*

|  |
| --- |
| **1. Submitted for the degree of**  |
|  | a. Master of Philosophy only (MPhil)  |  |
|  | b. Master of Philosophy with possibility of transfer to Doctor of Philosophy (MPhil/PhD) |  |
|  | c. Doctor of Philosophy direct (PhD)  |  |
| **2. Date of registration**  |  |
| **3. Mode of Study:** | Full-Time |  |  Part-Time |  |
| **4.** | **Expected duration of programme** to MPhil |  months |
|  | and additionally to PhD  |  months |
| **5. Maximum registration end date:** |  |
| **6. Date of previous submission of RD1PA** (if applicable) |  |

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| **7. Hub:** | **BS** |  | **CDI** |  | **MTE** |  | **SHW** |  |

## PART A: THE CANDIDATE

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| **8. Surname/Family Name:** |  |
|  **First Name(s):** |  |
| **9. Student ID Number:** |  |
| **10. Degree(s) or Equivalent Qualifications held**  |
|  | **Main subject(s):** |  |
|  | **Institution** |  |
|  | **Classification:** |  | **Date:** |  |

 and,

|  |  |
| --- | --- |
| **Main subject(s):** |  |
| **Institution** |  |
| **Classification:** |  | **Date:** |  |

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| **11.** | **English Language Qualification** (if applicable) |  |

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| **12.** | **Academic Referees** (if applicable) |  |
| **13. Training and experience** (include details, with dates, relevant to this application, and of any research or publications)**:** |
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| **14. Funding** Particulars of any scholarship(s) or other award held in connection with the proposed programme. **Full time students MUST indicate source of financial support**: |
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## PART B: COLLABORATING ESTABLISHMENTS

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| **15. Name of any collaborating establishment(s), formal letter of collaboration to be attached:** |
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| **16. Details of facilities available for the investigation, including funding, location and equipment:** |
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| **17. Relationship between work to be undertaken in the collaborating establishment, and that to be taken at the sponsoring institution or elsewhere:** |
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| **18. If the collaborating institution(s) or student asks for the thesis to be withheld from public access, state reasons and indicate the length of the period of confidentiality required:** |
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## PART C: OUTCOMES OF TRAINING NEEDS ASSESSMENT

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| **19. Give details of proposed programme of related studies, including any courses of study which will be formally assessed**  |
| 1. Transferable skills (including details of any modules, research workshops or conferences that you are required to complete or attend):
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| 1. Subject specific training:
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|  |  |
| 1. Attendance and participation in staff/postgraduate seminars:
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## PART D: SUPERVISION

**Please insert the approved supervisory team information. [To be completed by Research, Innovation & Enterprise]**

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| **20. Supervisory Team:** |

**CONFIRMATION OF SUPERVISION TEAM**

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| **Director of Studies** |
| **Name** |  |
| **Qualifications** |  |
| **Present post**  |  |
| **Place of work** |  |
| **Full or Part Time Contract** | Full time |  | Part time (state fraction) |  |
| **Supervisory Experience** (*please give details as FTE*)Full-Time: 1.0 FTE Part-Time: 0.5 FTE | **Director of Studies** | **2nd Supervisor** |
| **MPhil** | **PhD** | **MPhil** | **PhD** |
| Candidates accepted(prior to RD1PA - project approval) |  |  |  |  |
| Candidates currently under supervision |  |  |  |  |
| Candidates currently writing up |  |  |  |  |
| Candidates previously supervised to successful completion |  |  |  |  |
| CV attached to evidence active current research in this specific area of study  | **Yes** |  | **No** |  |

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| **Co-supervisor** |
| **Name** |  |
| **Qualifications** |  |
| **Present post**  |  |
| **Place of work** |  |
| **Supervisory Experience** (*please give details as FTE*)Full-Time: 1.0 FTE Part-Time: 0.5 FTE | **Director of Studies** | **2nd Supervisor** |
| **MPhil** | **PhD** | **MPhil** | **PhD** |
| Candidates accepted(prior to RD1PA - project approval) |  |  |  |  |
| Candidates currently under supervision |  |  |  |  |
| Candidates currently writing up |  |  |  |  |
| Candidates previously supervised to successful completion |  |  |  |  |
| CV attached to evidence active current research in this specific area of study  | **Yes** |  | **No** |  |

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| --- |
| **Co-supervisor** |
| **Name** |  |
| **Qualifications** |  |
| **Present post**  |  |
| **Place of work** |  |
| **Supervisory Experience** (*please give details as FTE*)Full-Time: 1.0 FTE Part-Time: 0.5 FTE | **Director of Studies** | **2nd Supervisor** |
| **MPhil** | **PhD** | **MPhil** | **PhD** |
| Candidates accepted(prior to RD1PA - project approval) |  |  |  |  |
| Candidates currently under supervision |  |  |  |  |
| Candidates currently writing up |  |  |  |  |
| Candidates previously supervised to successful completion |  |  |  |  |
| CV attached to evidence active current research in this specific area of study  | **Yes** |  | **No** |  |

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| **21. Details of any other person(s) who will formally act in an advisory capacity** (where applicable)**:** |
| **Name** |  |
| **Qualifications** |  |
| **Present post**  |  |
| **Place of work** |  |
| **Contribution to the Project** |  |

## PART E: RESEARCH PROPOSAL

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| **22. Title of the proposed investigation**  |
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| **23. Briefly state aim(s) of the investigation clearly and explicitly** (Guidance note #4.20 refers)**:** |
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| **24. Proposed plan of work, including its relationship to previous work and argument for contribution to knowledge, with appropriate references** (Maximum of 2,500 words; Guidance note #4.21-25 refers)**:** |
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| **25. Give details of eventual submission and proposed arrangements for examination if not by thesis and oral** **examination** (regulation 2R. 93-97, 107 and 116 refers)**:** |
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## PART F: RESEARCH INTEGRITY

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| **26. A  HEALTH AND SAFETY** |
|  | The supervisory team has a responsibility to consider and advise on the health and safety of any research proposal, including any parts that may be carried out away from the University.  By signing this form, the Director of Studies and the Candidate confirm that they have discussed the health and safety issues involved with the project, have carried out - and where required submitted – a risk assessment, and that both parties recognise their responsibilities to work in a healthy and safe manner. |

**27. B  RESEARCH ETHICS**

Students should be aware of potential ethical issues linked to their proposed area of investigation. They should discuss this with their supervisory team and refer to <http://portal.solent.ac.uk/research-and-innovation/ethics/ethics.aspx> for further information before completing this section.

[Delete as appropriate]:

1. I confirm that I have completed the online ethical approval application process and that the ethical approval has been downloaded and submitted with this form.**\***
2. I confirm that my proposed research is not at a stage where ethical approval is a requirement, but anticipate that approval may be required at a future stage. I undertake to regularly review any ethical implications of my research and to make an application as appropriate prior to engaging in any research where ethical approval is required.**\***
3. I confirm that my proposed research is exempt from ethical approval in accordance with the University's published ethics procedures.\*

**\*** It is your responsibility throughout your registration to ensure that any changes to your proposed research will include consideration of any ethical implications arising from those changes, and that ethical approval be obtained prior to undertaking any research where ethical approval is required.

**DECLARATION:**

I understand that my proposal will be considered incomplete and not eligible for Scrutiny Panel approval if the Panel determines that appropriate ethical consideration and/or approval has not been given. [ ]

I understand that failure to ensure that ethical approval is in place prior to undertaking research requiring ethical approval is subject to the University's Academic Misconduct Policies.[ ]

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| --- | --- |
| **Signed by candidate:** |  |
| **Print Name:** |  | **Date:** |  |

## PART G: STATEMENT BY CANDIDATE

|  |  |
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|  | i) I wish to have my project approved to continue my registration for Mphil/Mphil-PhD/PhD direct**\*** on the basis of the proposal set out in this form and I confirm that the information given in above is correct to the best of my knowledge. (**\***delete as appropriate) |
|  | 1. I understand that, except with the specific permission of the University, I may not, during the period of my registration, be a candidate for another award or be enrolled on any other course of study.
 |
|  | 1. I understand that, except with the specific permission of the University, I must prepare, submit, and defend my thesis in English. Any such request should form part of this submission.
2. I understand that any material submitted to my supervisory team is bound by the University’s Academic Misconduct policy.

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| **Signed by candidate:** |  |
| **Print Name:** |  | **Date:** |  |

**PART H: DIRECTOR OF STUDIES TURNITIN DECLARATION**

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| **28**. By ticking the box, I confirm that I have checked the electronic copy of the project proposal submitted via Turnitin and I also confirm that there are no issues raised. |    |

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| Signed by Director of Studies: |       |
| Print Name: |       | Date: |       |

## PART I: RECOMMENDATION OF THE SUPERVISORS

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| **29**. I have read and agree with the contents of this form and recommend that the candidate be approved to continue for the University’s research degree as indicated. |

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| **Signed by DoS/email received:** |  | **Date:** |  |

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| **Signed by Co-supervisor/email received:** |  | **Date:** |  |

|  |  |  |  |
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| **Signed by Co-supervisor/email received:** |  | **Date:** |  |

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| **PLEASE FORWARD THIS FORM TO RESEARCH.DEGREE@SOLENT.AC.UK** |

**PART J: PROJECT APPROVAL SCRUTINY PANEL RECOMMENDATION**

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| --- | --- |
| **30. Date of Project Approval panel meeting:** |  |

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| **31. Names of those present at the Project Approval panel meeting** (please print) |
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| --- |
| **32. Summary conclusions of examination** (please continue on another sheet if necessary): |
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| **33. (If applicable) The project approval is subject to the following conditions and/or recommendations:** **Please specify the date by which conditions must be fulfilled (*2 months – full-time, 4 months – part-time, Academic Handbook 2R refers*) (please continue on another sheet if necessary):** **Conditions:**  Minor revisions (to be approved by Doctoral Hub coordinator) Major revisions (to be approved by Panel and Doctoral Hub coordinator) Resubmission (candidate to re-present their RD1PA to the panel) |
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| **34. Please select the conclusion which applies:** |  |
|  | 1. We recommend approval
 |  |
|  | 1. We recommend approval pending minor revisions (see point 32)
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|  | 1. We recommend approval pending major revisions (see point 32)
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|  | 1. We recommend resubmission to the panel (see point 32)
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| **Signed by Assessor:** |  |
| **Print Name:** |  | **Date:** |  |

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| **Signed by Assessor:** |  |
| **Print Name:** |  | **Date:** |  |

**PART K: PROJECT APPROVAL OUTCOME**

**35. Doctoral Hub coordinator confirms approval / termination\*:**

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| **Signed by Doctoral Hub Coordinator:** |  |
| **Print Name:** |  | **Date:** |  |

* **Delete as appropriate**