RD1S (09/2019)

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# Date submitted to RIE (recorded by RIE)

# **RESEARCH DEGREE: Application for Approval of Supervisory Team**

*This form should be used to apply for approval of the proposed supervisory team of a research degree candidate (*[*Academic Handbook section 2R refers*](https://www.solent.ac.uk/research-innovation-enterprise/research-degrees/documents/academic-regulations-for-postgraduate-research-students.pdf)*). This form must be completed electronically and sent to* [*research.degree@solent.ac.uk*](mailto:research.degree@solent.ac.uk) *in Research, Innovation & Enterprise and will be considered as part of the application.*

## PART A: THE CANDIDATE

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Surname/Family Name:** | |  | | | | | | | |
| **2. First Name(s):** | |  | | | | | | | |
| **3. Student ID Number:** | | | | |  | | | | |
| **4. Expected Start Date:** | | | | |  | | | | |
| **5. Mode of Study:** | | | | | Full-Time | |  | Part-Time |  |
| **6. Level of Award:** | MPhil | |  | MPhil/PhD | |  | PhD by Prior publication | |  |

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| **7. School:** | | Art Design & Fashion |  | Business, Law & Communications |  | Media, Arts & Technology |  | Sport, Health & Social Sciences |  | Maritime Science & Engineering |  |
| **8. Provisional thesis title:** | | | | | | | | | | | |
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**PART B: PROPOSED SUPERVISORY TEAM**

**9.**

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| **Director of Studies** | | | | | | | | | | |
| **Name** | | | | |  | | | | | |
| **Highest Qualification** | | | | |  | | | | | |
| **Present post** | | | | |  | | | | | |
| **Email** | | | | |  | | | | | |
| **Supervisory Experience** | | | | | | **Director of Studies** | | | **2nd Supervisor** | |
| **MPhil** | | **PhD** | **MPhil** | **PhD** |
| Number currently under supervision | | | | | |  | |  |  |  |
| Number previously supervised to successful completion | | | | | |  | |  |  |  |
| **Supervisors must complete the University’s mandatory research supervisors’ training every 2 years\*. Please indicate if you have undertaken the mandatory training and when.** | | | | | | | | | | |
| **No** |  | **Yes** |  | **If yes, please state year:** | | |  | | | |
| **Supervisors must complete a least 2 of the University’s optional research supervisors’ training every 2 years\*. Please indicate if you have undertaken the optional training and when.** | | | | | | | | | | |
| **No** |  | **Yes** |  | **If yes, please state year:** | | |  | | | | |
| \*For the University’s mandatory and optional training please refer to the Researcher Development Programme [website](https://www.solent.ac.uk/research-innovation-enterprise/researcher-support/researcher-development-programme). | | | | | | | | | | |

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| **Co-Supervisor** | | | | | | | | | | |
| **Name** | | |  | | | | | | | |
| **Highest Qualification** | | |  | | | | | | | |
| **Present post** | | |  | | | | | | | |
| **Email** | | |  | | | | | | | |
| **Supervisory Experience** | | | | | | **Director of Studies** | | | **2nd Supervisor** | |
| **MPhil** | | **PhD** | **MPhil** | **PhD** |
| Number currently under supervision | | | | | |  | |  |  |  |
| Number previously supervised to successful completion | | | | | |  | |  |  |  |
| **Supervisors must complete the University’s mandatory research supervisors’ training every 2 years\*. Please indicate if you have undertaken the mandatory training and when.** | | | | | | | | | | |
| **No** |  | **Yes** | |  | **If yes, please state year:** | |  | | | |
| **Supervisors must complete a least 2 of the University’s optional research supervisors’ training every 2 years\*. Please indicate if you have undertaken the optional training and when.** | | | | | | | | | | |
| **No** |  | **Yes** | |  | **If yes, please state year:** | |  | | | |
| \* For the University’s mandatory and optional training please refer to the Researcher Development Programme [website](https://www.solent.ac.uk/research-innovation-enterprise/researcher-support/researcher-development-programme). | | | | | | | | | | |

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| **Co-Supervisor (optional)** | | | | | | | | | | |
| **Name** | | |  | | | | | | | |
| **Highest Qualification** | | |  | | | | | | | |
| **Present post** | | |  | | | | | | | |
| **Email** | | |  | | | | | | | |
| **Supervisory Experience** | | | | | | **Director of Studies** | | | **2nd Supervisor** | |
| **MPhil** | | **PhD** | **MPhil** | **PhD** |
| Number currently under supervision | | | | | |  | |  |  |  |
| Number previously supervised to successful completion | | | | | |  | |  |  |  |
| **Supervisors must complete the University’s mandatory research supervisors’ training every 2 years\*. Please indicate if you have undertaken the mandatory training and when.** | | | | | | | | | | |
| **No** |  | **Yes** | |  | **If yes, please state year:** | |  | | | |
| **Supervisors must complete a least 2 of the University’s optional research supervisors’ training every 2 years\*. Please indicate if you have undertaken the optional training and when.** | | | | | | | | | | |
| **No** |  | **Yes** | |  | **If yes, please state year:** | |  | | | |
| \* For the University’s mandatory and optional training please refer to the Researcher Development Programme [website](https://www.solent.ac.uk/research-innovation-enterprise/researcher-support/researcher-development-programme). | | | | | | | | | | |

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| **10. Details of any other person(s) who will formally act in an advisory capacity** (where applicable)**:** | |
| **Name** |  |
| **Qualifications** |  |
| **Present post** |  |
| **Place of work** |  |
| **Email** |  |

**PART C: AWP HOURS APPROVAL BY LINE MANAGER / DEAN OF SCHOOL**

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| **Signed by**  **Line Manager/Dean of School:** | |  | | |
| **Print Name:** |  | | **Date:** |  |

**PART D: DOCTORAL REVIEW PANEL OUTCOME**

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| **11. Composition of Panel:**  The Panel will normally be chaired by the Doctoral Co-ordinator, with two other doctoral review panel members or appropriate other colleagues experienced in research. |

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| **12. Suitability of the application, student and supervisory team.**  The panel has:   1. Considered the suitability of the application and student; 2. Reviewed the proposed supervisory team, and confirm that this team has the appropriate knowledge and experience 3. Confirmed that all members of the supervisory team have undertaken, or committed to undertake all requisite training within 6 months. ([Academic Handbook section 2R refers](https://www.solent.ac.uk/research-innovation-enterprise/research-degrees/documents/academic-regulations-for-postgraduate-research-students.pdf)). 4. Confirmed that the Dean of School and/or line manager has agreed that there is capacity within the supervisors’ AWP. |

I recommend the above supervisory team for approval of the chair / deputy chair of the Research Degrees Committee (RDC).

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| **Signed by**  **Doctoral Co-ordinator:** | |  | | |
| **Print Name:** |  | | **Date:** |  |

**PART E: RESEARCH DEGREES COMMITTEE APPROVAL**

**13. Outcome:**

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|  | 1. **Approved** |  |
|  | **ii. Not approved** |  |

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| **Signed by**  **Chair / Deputy Chair RDC:** | |  | | |
| **Print Name:** |  | | **Date:** |  |