RD4S (08/2019)

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# **RESEARCH DEGREE: Application to Change the Approved Supervisory Team**

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

## PART A: THE CANDIDATE

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| **1. Surname/Family Name:** |  | |
| **2. First Name(s):** |  | |
| **3. Student ID Number:** | |  |

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| **4. School:** | | | Art Design & Fashion |  | | Business, Law & Communications |  | | Media, Arts & Technology | | |  | Sport, Health & Social Sciences | |  | Maritime Science & Engineering | |  | |
| **5. Start date:** | | | | | | | | | | |  | | | | | | | | | |
| **6. Mode of Study:** | | | | | | | |  | | | Full-Time | | |  | Part-Time | |  | | | |
| **7. Level of Award:** | | | | | | | | MPhil | |  | MPhil/PhD | | |  | PhD by Prior publication | |  | | | |
| **8. Expected thesis submission date:** | | | | | | | | | | |  | | | | | | | | | |
| **9. Name of any external collaborating establishment(s)** (if applicable)**:** | | | | | | | | | | | | | | | | | | |
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| **10. Provisional thesis title:** | | | | | | | | | | | | | | | | | | | | | |
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## PART B: APPROVED SUPERVISION ARRANGEMENTS

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| **11. Please insert details of the current approved supervisory team** |

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| **Director of Studies** |  |
| **Co-supervisor** |  |
| **Co-supervisor** |  |
| **Advisor (if applicable)** |  |

**PART C: PROPOSED NEW SUPERVISION ARRANGEMENTS**

**12. Proposed Members of the supervision team and role**

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| --- | --- |
| **Director of Studies** |  |
| **Co-supervisor** |  |
| **Co-supervisor** |  |
| **Advisor (if applicable)** |  |

**13. Reason(s) for the change(s)**

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| **14. Please provide details below of any proposed addition/change to the supervision team** ([Academic Handbook Section 2R refers](https://www.solent.ac.uk/research-innovation-enterprise/research-degrees/documents/academic-regulations-for-postgraduate-research-students.pdf)): | | | | | | | | | | | |
| **Proposed new member of supervisory team** | | | | | | | | | | |
| **Name** | | |  | | | | | | | |
| **Highest Qualification** | | |  | | | | | | | |
| **Present post** | | |  | | | | | | | |
| **Place of work** | | |  | | | | | | | |
| **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). | | | | | | | | | | |
| CV attached to evidence active current research in this specific area of study | | | | | | | | | |  |

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| **Proposed new member of supervisory team** | | | | | | | | | | |
| **Name** | | |  | | | | | | | |
| **Highest Qualification** | | |  | | | | | | | |
| **Present post** | | |  | | | | | | | |
| **Place of work** | | |  | | | | | | | |
| **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). | | | | | | | | | | |
| CV attached to evidence active current research in this specific area of study | | | | | | | | | |  |

**15. Details of any other person(s) who will formally act in an advisory capacity** (where applicable)**:**

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| --- | --- |
| **Name:** |  |
| **Qualifications:** |  |
| **Present post:** |  |
| **Place of work** |  |
| **Email** |  |

**PART D: APPROVAL OF DOCTORAL COORDINATOR**

**16. I agree to the above changes and have advised the doctoral student and all relevant supervisors of the alteration.**

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

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

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

**PART F: RESEARCH DEGREES COMMITTEE APPROVAL**

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| **17.** In approving the changes to the supervisory team, RDC must be satisfied with the suitability and qualifications of the supervisory team. |

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