**Off-Campus Request and Approval Form**

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| **Section A – Off-Campus Details:** | |
| **Student ID Number**  *(if known)* |  |
| **Student Name** |  |
|  |
| **Faculty** |  |
|  |
| **Department** |  |
|  |
| **Programme of Study**  *e.g. PhD* |  |
| It is expected that Off Campus would be offered on a part time basis. If the Dept/Faculty wish to recruit individuals who are not in full time employment as an Off Campus PGRS and wish to study on a full time basis, particular consideration must be given on ensuring there is a research environment and remote infrastructure in place for the delivery of the programme (including research and skills training). | |
| **Off Campus Location** |  |
|  |
| **Project/Thesis Title** |  |
| **University of Portsmouth Supervisory Team** | **1st** |
|  | **2nd** |
|  | **3rd** |
| **Supervisory Plan** | |
| **Please give details of the agreed supervisory arrangements**  *e.g. How many meetings a year? What format will these take, face to face, Skype etc? How recorded? (SkillsForge etc)* |  |
| **Student Justification** | |
| **Please give details of the justification for studying off campus** |  |

**Off-Campus Study Approval**

Departments and Faculties should not underestimate the effort, time and costs involved in supporting a PGR studying off campus. Consideration should be given to develop appropriate on-line learning resources as well as video-conferencing and other electronic means for ensuring the student has regular contact with their supervisory team, the PGR community and other sources of learning and support.

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| **Section B – Approval of Admission to Study Off-Campus** | |
| **Supported by First Supervisor:** | |
| **Approved** | *Yes No* |
|  |
| **Name of First Supervisor** |  |
| **Signature** |  |
| **Date** |  |
| **Approval Head of Department:** | |
| (Delegation may be given to DRDC) | |
| **Approved** | *Yes No* |
|  |
| **Name of First Supervisor** |  |
| **Signature** |  |
| **Date** |  |
| **In No, reason for rejection** |  |
| **Approval Faculty Research Degree Coordinator:** | |
|  | |
| **Approved** | *Yes No* |
|  |
| **Name of First Supervisor** |  |
| **Signature** |  |
| **Date** |  |
| **In No, reason for rejection** |  |