To be completed by the Potential First Supervisor as part of the Admissions process and approved by the Faculty Director Postgraduate Research (FDPGR) prior to the student being sent an offer letter.

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| **Postgraduate Research Student Information** | | | **Student ID:** | | | Click or tap here to enter text. | | | | |
| **Forename(s):** | Click or tap here to enter text. | | **Surname:** | | | Click or tap here to enter text. | | | | |
| **Department:** | Click or tap here to enter text. | **Registration Start Date** | | 1st Oct  1st Feb |  | | 1st April  1st June |  | **Year:** | Click or tap here to enter text. |

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| **Proposed Title of Thesis:**  A copy of the project proposal should be attached for the signatories to review before approving the RSR form. This should include a full list of the prior publications or artefacts on which the candidate will base the commentary. | Click or tap here to enter text. | |
| **Research Theme:**  Please select at least one. | 1 Building an Inclusive and Growth-led Economy and Society  2 Improving Health and Life Sciences  3 Protecting our Environment  4 Developing Enhanced Technologies |  |

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| **Funding Source:**  Please select or comment where relevant. | Employer |  | Other (Please state):  Click or tap here to enter text. |  |
| Self-funded |  |
| Sponsor/ Embassy |  |

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| **Recommendation by Supervisor** | | | | | | | | | | | | | |
| I am satisfied that this applicant is suitably qualified, has an appropriate selection of prior publications/artefacts, and the potential to successfully complete the commentary. All signatories must see and acknowledge this form by inserting an electronic signature or attaching email confirmation. | | | | | | | | | | | | | |
| **First Supervisor** (Normally UoP Staff Only): | | | | | | | | | | | | | |
| **Name:** | Click or tap here to enter text. | | | | | | **Department:** | | | Click or tap here to enter text. | | | |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research | | | | |  | Supervision Experience (min. of 2 successful completions per team) | | | | |  | Number of successful completions:  Click or tap here to enter text. |
| Subject expertise relevant to the student’s area of study | | | | |  | Other (please state)  Click or tap here to enter text. | | | | |  |
| Expertise in the proposed methods | | | | |  |
| **No. of current supervisions:** | | | MPhil: |  | | | PhD/MD: |  | | | Prof Doc: | |  |
| **Signed:** |  | | | | | | | | | | **Date:** | | Click or tap here to enter text. |
| **Second Supervisor:** | | | | | | | | | | | | | |
| **Name:** | Click or tap here to enter text. | | | | | | **Department:** | | Click or tap here to enter text. | | | | |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research | | | |  | | Supervision Experience (min. of 2 successful completions per team) | | | | |  | Number of successful completions:  Click or tap here to enter text. |
| Subject expertise relevant to the student’s area of study | | | |  | | Other (please state)  Click or tap here to enter text. | | | | |  |
| Expertise in the proposed methods | | | |  | |
| **No. of current supervisions:** | | MPhil: | |  | | | PhD/MD: |  | | | Prof Doc: | |  |
| **Signed:** |  | | | | | | | | | | **Date:** | | Click or tap here to enter text. |

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| **Authorisation by Owning School/Department** | | | |
| I confirm that this proposal fits with the Departmental Research Strategy and that the supervisor has the capacity to support the student. | | | |
| **Departmental Director Postgraduate Research (DDPGR) Signed:** |  | **Date:** | Click or tap here to enter text. |
| **Head of School/Department Signed:** |  | **Date:** | Click or tap here to enter text. |

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| **Approval** | | | |
| Prior to approval the FDPGR should be satisfied that the Supervisor(s) has/have the necessary experience of supervision and has attended\* the Graduate School supervisor introductory workshop.  \*or the FDPGR will liaise with the HoS/D to ensure that the Supervisor(s) will attend the next available workshop.  FDPGR please upload the completed RSR form to the admissions system.  I confirm acceptance of this applicant for registration for a Higher Degree by Research | | | |
| **FDPGR Signed:** |  | **Date:** | Click or tap here to enter text. |