**Section E: Research Student Registration (RSR)**

**Registration for Higher Degree by Research (including Research Phase of Professional Doctorates).** To be completed by the 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 (PGRS) 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:** |  |

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| **Study Mode and Route:** | Full-time |  | MPhil |  | MD |  | Integrated Doctorate |  | |
| Part-time |  | PhD |  | Professional Doctorate |  |
| **Registration Type:** | On Campus |  | Distance Learning |  | Collaborative Programme (e.g. Split Site/Off Campus)  Further information: [Framework for Flexible Postgraduate Research Provision](https://policies.docstore.port.ac.uk/policy-222.pdf) | | | |  |

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| **Proposed Title of Thesis:**  **A copy of the project proposal (or pre-defined project description) should be attached for the signatories to review before approving the RSR form.** | Click or tap here to enter text. | |
| **Research Theme:**  Please select at least one. | Building an Inclusive and Growth-led Economy and Society  Improving Health and Life Sciences  Protecting our Environment  Developing Enhanced Technologies |  |

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| **Funding Source:**  **Please select or comment where relevant.** | **Research Council**  **Which Research Council:**  Click or tap here to enter text.  **RC Student ID Number:**  Click or tap here to enter text. | **Employer**  **University Research Bursary**  **Self-funded**  **Non UK Gov** |  | **Other (Please state):** |  |
| Click or tap here to enter text. | |
| **Duration of Funding:** | Click or tap here to enter text. | **Project Code:** | | Click or tap here to enter text. | |
| **Bench Fees (£):** | Click or tap here to enter text. | **Bench Fee Details:** | | Click or tap here to enter text. | |

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| **Distance Learning or Off-Campus Students**  Given the complexities and difficulties of studying at a distance, consideration must be given to appropriate on-line learning resources and electronic means for ensuring the student has regular contact with their supervisory team, the PGR community and other sources of learning & support. Training and support for supervisors of DL students is also available. | |
| **Place of residence during studies:** | Click or tap here to enter text. |
| **Access to Resources:**  Please provide brief details of how the student will access the necessary virtual and physical resources required to complete the research. | Click or tap here to enter text. |

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| **Collaborative Programme and Professional Doctorate Employer** (Further information [Work-based and Placement Learning](https://staff.port.ac.uk/departments/services/academicregistry/qmd/workbasedandplacementlearning/)) | | | |
| **Organisation:** | Click or tap here to enter text. | **Contact Name(s):**  (to act as adviser in the case of Prof Doc students) | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. | **Telephone Number:** | Click or tap here to enter text. |

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| **Statement of Development Training Requiring Additional Resources**  Enter any external training you anticipate the student needing in order to complete their chosen programme of study, with an indication of likely cost and anticipated source of funding. If no funding is required, please write N/A. | |
| **Type of training:**  Click or tap here to enter text. | **Funding required? Y / N**  **Source of funding:** Click or tap here to enter text. |

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| **Recommendation by Supervisors** |
| We are satisfied that this applicant is suitably qualified, has the potential to successfully complete the proposed research programme and has access to all necessary resources.  N.B. Any non-UoP second or third supervisors will also need to provide a CV to accompany this form.  All supervisors must see and acknowledge this form by inserting an electronic signature or attaching email confirmation. |

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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. |
| **Third (or External) 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)  Other (please state)  Click or tap here to enter text. | | | | | |  | Number of successful completions:  Click or tap here to enter text. |
| Subject expertise relevant to the student’s area of study | | | | |  | | |
| Expertise in the proposed methods | | | | |  | | |
| **No. of current supervisions:** | | | | MPhil: |  | | | | PhD/MD: |  | | | | Prof Doc: | |  |
| **Signed:** | Click or tap here to enter text. | | | | | | | | | | | | | **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, that the resources detailed in this proposal will be provided to conduct the research described and that all named supervisors have the capacity to support the student.  Where the second and/or third supervisors are based in different schools/departments please attach email confirmation from the appropriate Head(s) of School/Department confirming the supervisory capacity of the named supervisor(s). | | | |
| **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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| **FDPGR Approval** | | | |
| Prior to approval the FDPGR should be satisfied that the supervisory team has the necessary combined experience of supervision and all supervisors have attended\* the Graduate School supervisor introductory workshop, and at least one member of the supervision team has attended the Graduate School training on supervising off-campus and/or distance learning PGRS.  \*or the FDPGR will liaise with the HoS/D to ensure that the supervisor(s) will attend the next available workshop.  I confirm acceptance of this applicant for registration for a Higher Degree by Research (including Research Phase Professional Doctorates).  FDPGRs please upload the completed RSR form to the admissions system. | | | |
| **FDPGR Signed:** |  | **Date:** | Click or tap here to enter text. |