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| **FORM UPR3****Application for Change in Approved Arrangements for Supervision** | http://www.port.ac.uk/departments/services/marketingandcommunications/corporateidentity/logo/filetodownload,199986,en.jpg |
| **Postgraduate Research Student (PGRS) Information** | **Student ID:** |       |
| **Family Name:** |       | **Forename(s):** |       |
| **Department:** |       |

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| **Current Approved Supervisory Team** |
| **First Supervisor** (UoP staff only): |
| **Name:** |       | **Department:** |       |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research Subject expertise relevant to the student’s area of studyExpertise in the proposed methods | [ ] [ ] [ ]  | Supervision experience (minimum of 2 successful completions per team) | [ ]  |
| Other (please state):      | [ ]  |
| **Second Supervisor** |
| **Name:** |       | **Department:** |       |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research Subject expertise relevant to the student’s area of studyExpertise in the proposed methods | [ ] [ ] [ ]  | Supervision experience (minimum of 2 successful completions per team) | [ ]  |
| Other (please state):      | [ ]  |
| **Third Supervisor** |
| **Name:** |       | **Department:** |       |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research Subject expertise relevant to the student’s area of studyExpertise in the proposed methods | [ ] [ ] [ ]  | Supervision experience (minimum of 2 successful completions per team) | [ ]  |
| Other (please state):      | [ ]  |

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| **Proposed Supervisory Team (please complete for ALL supervisors)**N.B Any non-UoP second or third supervisors will also need to provide a CV to accompany this form. |
| **First Supervisor** (UoP staff only): |
| **Name:** |       | **Department:** |       |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research Subject expertise relevant to the student’s area of studyExpertise in the proposed methods | [ ] [ ] [ ]  | Supervision experience (minimum of 2 successful completions per team) | [ ]  | Number of successful completions (click on grey box and select as appropriate):  |
| Other (please state): | [ ]  |
| **No. of Current Supervisions**: | MPhil: |       | PhD/MD: |       | Prof Doc: |       |
| **Second Supervisor** |
| **Name:** |       | **Department:** |       |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research Subject expertise relevant to the student’s area of studyExpertise in the proposed methods | [ ] [ ] [ ]  | Supervision experience (minimum of 2 successful completions per team)Other (please state):      | [ ]  | Number of successful completions (click on grey box and select as appropriate):  |
| [ ]  |
| **No. of Current Supervisions**: | MPhil: |       | PhD/MD: |       | Prof Doc: |       |

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| **Third Supervisor** |
| **Name:** |       | **Department:** |       |
| **Reason for joining supervisory team** (select all that apply): | Currently Engaged in Research Subject expertise relevant to the student’s area of studyExpertise in the proposed methods | [ ] [ ] [ ]  | Supervision experience (minimum of 2 successful completions per team) | [ ]  | Number of successful completions (click on grey box and select as appropriate):  |
| Other (please state):      | [ ]  |
| **No. of Current Supervisions**: | MPhil: |       | PhD/MD: |       | Prof Doc: |       |
| **Reason for Change:** |       |
| **Please confirm if this is to be a change of department for the PGRS**Please note that a change of department may have implications for PGRS on a Tier 4 visa (contact ukvi-student-compliance@port.ac.uk for advice) | **New Department:** |       |
| All signatories must see and acknowledge this form by inserting a JPEG electronic signature at picture icon(s) or attaching email confirmation. |
| **PGRS Signed:** |  | **Date:** |       |
| **First Supervisor Signed:** |  | **Date:** |       |

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| **Authorisation by Owning School/Department**The signatories listed below must see and acknowledge this form by inserting a JPEG electronic signature at picture icon(s) or attaching email confirmation. |
| I confirm that the changes have been agreed by all effected supervisors listed above and all members of the proposed supervisory team have the capacity to support the PGRS. N.B. 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).  |
| **Departmental Research Degrees Coordinator Signed:** |  | **Date:** |       |
| **Head of School/Department Signed:** |  | **Date:** |       |
| **Approval** |
| Prior to approval the Chair, Faculty Research Degrees Committee (FRDC) should be satisfied that the supervisory team has the necessary combined experience of supervision and all supervisors have attended\* the supervisor introductory workshop.\*or the Chair, FRDC will liaise with the HoS/D to ensure that the supervisor(s) will attend the next available workshop |
| **Signed:** |  | **Date:** |       |
| **Once signed by the Chair, FRDC, please send to** **researchdegrees@port.ac.uk** |