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# GS18: APPLICATION TO TRANSFER FROM THE DOCTORAL TO THE MASTERS REGISTER

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| **All personal information gathered will be processed in accordance with TUS privacy statements**    **Please complete all parts of the form. The completed electronic form, signed and dated, should be emailed to TUS Midwest:** [**graduatestudies@tus.ie**](mailto:graduatestudies@tus.ie)**or TUS Midlands: gsr@tus.ie**    **Incomplete applications will not be processed.**  **Section A and B is be completed by the Research Student**  **Section C and D is to be completed by the Proposed Supervisors**  **Section E is be completed by the Head of Department and Dean of School/Faculty and signed by the Dean of Graduate Studies** |

**SECTION A: Research Student Details.**

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Address |  |
| Student Number |  |
| Email Address |  |
| Telephone Number |  |

**Information about your campus, faculty, department and research institute/centre or group:**

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| --- | --- |
| Campus you are currently studying in |  |
| Department and Faculty |  |
| Research Institute/Centre/  Group |  |
| Field of Research (discipline area) |  |

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| --- | --- |
| Award now sought | MA      MBus       MEng       MSc      LLM     Other |

**Proposed Timeline for Completion**

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| --- | --- |
| Proposed Date for Transfer (date/month/year) |  |
| Proposed Finish Date (date/month/year) |  |
| Student will be registered as: | Full Time  Part Time |

**Reason(s) for application to transfer from the Doctoral to the Masters Register** (max 300 words)

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**Title of Research Master's Degree Programme**

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**Proposed Programme of Research Masters:** This information should be in the form of an abstract (max. 500 words).

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**Aims and objectives of the Research Master's degree programme:**

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**Description of the proposed Research Masters including methodologies to be employed. This should include how existing literature on the topic has been used to inform the proposal; what research methodologies will be employed; and how the project will contribute to existing knowledge** (max. 500 words).

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**Detailed plan for completion of the master's research degree programme. The detailed plan should be based on the agreement between the Supervisory Panel and the Candidate. It should include a schedule of work outlining the different stages of the project, indicating the timeframe for achieving the stated aims and objectives, key project milestones and include a detailed GANTT Chart** (max. 800 words).

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**Please provide a description of any additional resources that may be required (max 200 words)**

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**Please provide an overview of the status of the programme of work including, if necessary, a revision of the original proposed research degree programme** (max. 800 words).

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**Are Additional Learning Needs and Supports required? Yes ​☐​       No ​☐​**

If yes, to ensure that you are fully supported throughout your learning, please indicate the supports necessary to provide the candidate with reasonable accommodation.  Please note that to avail of such supports and facilities, learners must be registered with the university’s disability advisory and support services.  Details about the steps involved are provided on the TUS website.

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**SECTION B: Research Student Funding.**

**To be completed by the Research Student, please complete each section**

**Are you currently being funded for your research: yes  no**

**If yes, please indicate which body is funding your research:**

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| --- | --- |
| Presidents Doctoral Scholarship |  |
| Science Foundation Ireland (SFI) |  |
| Irish Research Council (IRC) |  |
| Professional Development |  |
| Self-financing |  |
| Faculty Waive of Fees |  |
| Other (Please specify) |  |

**Will this funding continue if your application to transfer is successful? yes  no**

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| **Research Student’s declaration**  I, the undersigned, declare that:   * The information given by me in this application is correct and that all relevant matters have been disclosed. * I am in good financial standing with TUS. * The project described in this application is not being funded from any source other than that stipulated in this form. * I have read and am aware of my responsibilities under the current TUS Postgraduate Research Regulations. * If my application is successful, I will abide by the current TUS Postgraduate Research Regulations and will remain in good financial standing with TUS. * I have agreed a research proposal and a detailed completion plan with my Supervisory Panel. * I understand that all personal data provided will be used for assessment of the application and registration of the research degree programme and research applicant and processed in accordance with the TUS Employee Privacy Statement   Signature of Research Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Research Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION C: Supervisory Arrangements. To be completed by the Proposed Supervisors, please complete each section. Note: if there is no change to the supervision panel, please write ‘no change’ below.**

**Supervisory Arrangements: For each member of the Supervisory Panel please provide the following information and attach a full CV for each proposed Supervisor**

**Principal Supervisor**

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| --- | --- | --- | --- |
| Name |  | | |
| Job Title |  | | |
| Campus |  | | |
| Faculty/  Department |  | | |
| List of Research Students currently being supervised internally and externally | Name | Award (e.g., PhD, MSc); expected year of Conferral | Institution |
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| List of Research Students previously supervised | Name | Award (e.g., PhD, MSc) Year of Conferral | Institution |
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| Have you received research degree programme supervisor training in the past three years? | Yes | No |  |

**Co-Supervisor**

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| Name: |  | | |
| Job Title |  | | |
| Campus |  | | |
| Faculty/  Department |  | | |
| List of Research Students currently being supervised internally or externally | Name | Award (e.g., PhD, MSc) Year of Conferral | Institution |
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| List of Research Students previously supervised | Name | Award | Institution |
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| Have you received research degree programme supervisor training in the past three years? | Yes | No |  |

**Mentor Supervisor**

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| Name: |  | | |
| Job Title |  | | |
| Campus |  | | |
| Faculty/  Department |  | | |
| List of Research Students currently being supervised internally or externally | Name | Award (e.g., PhD, MSc) Year of Conferral | Institution |
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| List of Research Students previously supervised | Name | Award | Institution |
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| Have you received research degree programme supervisor training in the past three years? | Yes ☐ | No ☐ |  |

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| **Additional information relevant to this application** |
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**Please provide the ISCED code for this project (if the ISCED code has not changed, simply write ‘no change’)**

**SECTION D: Declaration & Signatures. To be signed by the Proposed Supervisors, please complete each section**

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| **Declaration to be signed by each member of the Supervisory Panel:**  I, the undersigned, declare that:   * I am satisfied with the proposed research degree programme and timeline for completion and support the Research Student’s application for transfer from the Doctoral to the Masters Register. * I have read and am aware of my responsibilities under the current TUS Research Degree Programme Regulations. * I understand the duties and responsibilities attaching to the role of Supervisor. * I confirm my intention to supervise the Research Student in accordance with the research policies and procedures of TUS. * I have received/will attend training in Postgraduate Research Management and Supervision and Research Integrity. * I understand that all personal data provided will be used for assessment of the application to transfer from the Doctoral to the Masters register and processed in accordance with the TUS Employee Privacy Statement or the TUS External Examiner, Assessor & Contractor Privacy Statement (if applicable) Data Protection policies and privacy statements). * I understand that the information provided will be retained by TUS on the TUS Research Postgraduate Register. * I consent to any personal data provided in this form being used to process the application as outlined in this declaration.   Signature of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Print Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please confirm (tick box):   * Current CVs are attached for each member of the proposed Supervisory Panel * A letter of support from the Principal Supervisor for the Candidate’s application to transfer from the Doctoral to the Masters Register is attached |
| **Declaration to be signed by the mentor supervisor (if applicable)**  I, the undersigned, declare that:   * I am satisfied with the proposed research degree programme application. * I have read and am aware of my responsibilities under the current TUS Research Degree Programme Regulations. * I understand the duties and responsibilities attaching to the role of Mentor Supervisor. * I confirm my intention to carry out my role as Mentor Supervisor in accordance with the research policies and procedures of TUS. * I have brought at least 1 research postgraduate to completion at the same NFQ level as that sought by the Research Student. * I understand that all personal data provided will be used for assessment of the application to transfer from the Doctoral to the Masters register will be processed in accordance with the TUS Employee Privacy Statement or the TUS External Examiner, Assessor & Contractor Privacy Statement (if applicable) Data Protection policies and privacy statements. * I understand that the information provided will be retained by TUS on the TUS Research Postgraduate Register. * I consent to any personal data provided in this form being used to process this application as outlined in this declaration.   Signature of Mentor Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Mentor Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **SECTION E: Declaration & Signatures. To be completed by the Head of Department, Dean of School/Faculty and Dean of Graduate Studies** |
| **Declaration to be signed by the Head of Department.**  We, the undersigned, declare that:   * The necessary resources are available in the Faculty/Department to support this Candidate’s re-application for transfer from the Doctoral to the Masters register. * I am satisfied with the proposed Masters research degree programme and support the Research Student’s application for transfer from the Doctoral to the Masters register.   Signature of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean of School/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Dean of Graduate Studies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |