

# GS19b: RESEARCH MODULE REGISTRATION FORM

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| **All personal information gathered will be processed in accordance with TUS privacy statements.****Section A to be completed by the Research Student.****Section B to be completed by the Research Student and the Principal Supervisor.****Section C to be completed by the Chairperson of the Faculty Research Committee and signed by Dean of Graduate Studies.****The GS19 form consists of two components: an online GS19a form and this GS19b form. When completed, this GS19b form should be submitted with the GS19a online form.****Note: There is a limit of 10 elective credits per academic year.** |

**SECTION A: To be completed by the Research Student**

**Research student details and information on module being applied for:**

|  |  |
| --- | --- |
| Research Student Name |  |
| Research Student Number |  |
| Programme Code and Title |  |
| Department and Faculty |  |
| Research Institute, Centre or Group |  |
| Principal Supervisor |  |
| Programme Start Date (date/month/year) |  |
| Academic year and semester for which you are applying |  |
| Module Title(s) |  |
| Module Code(s) |  |
| Number of Credits (please state for modules individually) |  |

**SECTION B: To be completed by both Research Student and Principal Supervisor**

**Declaration:**

I confirm that the modules selected on both GS19A & GS19B are correct and have been jointly agreed by the Research Student and the Principal Supervisor:

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

Research Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

Principal Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: To be completed by the Chairperson of the Faculty Research Committee**

**Approval/Non-approval**

**Please indicate if this application is approved/not approved by the Faculty Research Committee:**

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

If No, please indicate reason(s):

|  |
| --- |
|  |

Chairperson of Faculty Research Committee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Graduate Studies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_