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# GS2: Notice of Intention to Present to Transfer to PhD Register - Approval of Internal and External Examiners 2023-2026

At least three months in advance of the proposed date for submission of material for examination an Intention to Present to Transfer form (GS2) must be submitted.

A viva voce is a mandatory exercise for all PhD transfers. The Graduate School must nominate an independent chairperson.

**All personal information gathered will be processed in accordance with TUS privacy statements.**

**SECTION A-F: to be completed by the Principal Supervisor**

**SECTION G: to be completed by the Chairperson of the Faculty Research Committee and Dean of Graduate Studies**

**SECTION H**: **Approval at Postgraduate Studies and Research Subcommittee – date noted to be inputted by Chair**

**SECTION A: to be completed by Principal Supervisor**

**Research Candidate details**

|  |  |
| --- | --- |
| **Research Candidate Name** |  |
| **Research Candidate Number** |  |
| **Programme Code & Title** |  |
| **Department** |  |
| **Date started/first registered** |  |
| **Institute/Centre/group** |  |
| **Faculty** |  |
| **Principal Supervisor** |  |

**Thesis Title**

|  |
| --- |
|  |

**SECTION B: Supervisor(s)**

|  |  |
| --- | --- |
| **Name**  **(Principal Supervisor)** |  |
| **Job Title** |  |
| **Faculty**  **Department** |  |
|  |  |

|  |  |
| --- | --- |
| **Name**  **(Co Supervisor)** |  |
| **Job Title** |  |
| **Faculty**  **Department** |  |

|  |  |
| --- | --- |
| **Name**  **(Co Supervisor)** |  |
| **Job Title** |  |
| **Faculty**  **Department** |  |

|  |  |
| --- | --- |
| **Name**  **(Mentor Supervisor if applicable)** |  |
| **Job Title** |  |
| **Faculty**  **Department** |  |

**SECTION C: Internal Examiner(s)**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Faculty**  **Department** |  |

**SECTION D**: **Proposed External Examiner(s)**

**Two external examiners are required, if candidate is a member of staff.**

|  |  |
| --- | --- |
| **Salutation** |  |
| **Job Title** |  |
| **Institute** |  |
| **Faculty /**  **Department** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Salutation** |  |
| **Job Title** |  |
| **Institute** |  |
| **Faculty /**  **Department** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email address** |  |

**SECTION E: Examination - Additional Supports**

Are Additional Learning Needs and Supports required?

Yes  No

If yes, to ensure that the candidate is fully supported throughout the examination process of both thesis and viva, 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 of the procedure involved are provided on the TUS website.

**SECTION F:** **Declaration**

I confirm that the Postgraduate Research Regulations in relation to the appointment of both the External Examiner(s) and Internal Examiners have been observed.

|  |  |
| --- | --- |
| **Signed:**  **Principal Supervisor** |  |
|  |  |
| **Date:** |  |

**Please tick to confirm that you have attached a current CV for each External Examiner that you are proposing:**

**SECTION G: to be completed by the Chairperson of the Faculty Research Committee**

**I confirm that the Postgraduate Research Regulations in relation to the appointment of both the External Examiner(s) and Internal Examiner have been observed**

**Yes  No**

**I recommend that the proposed internal examiners are approved**

**Yes  No**

**I recommend that the proposed external examiners are approved**

**Yes  No**

|  |  |
| --- | --- |
| **Signed:**  **Chair of Faculty Research Committee** |  |
| **Date Recommended** |  |

**Signed, Dean of Graduate Studies:**

**SECTION H: Approved at Postgraduate Studies and Research Subcommittee**

**Date approved at the PSR Subcommittee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_