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# **GS30: APPLICATION FOR APPROVAL FOR NEW POSTGRADUATE RESEARCH PROJECT 2023 – 2026**

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| **All personal information gathered will be processed in accordance with TUS privacy statements.**  **Section A to be completed by the Principal Supervisor**  **Sections B, C, D and E to be completed by the Principal Supervisor in conjunction with co-supervisor and mentor supervisor (if applicable)**  **Section F to be completed by the Chairperson of the Faculty Research Committee (FRC) and the Head of Department/Dean of Faculty**  **Section G to be completed by the Dean of Graduate Studies, Head of the Graduate School** |

**SECTION A: To be completed by the Principal Supervisor**

**Research Applicant Details**

|  |  |  |
| --- | --- | --- |
| Forename |  | |
| Surname |  | |
| Email address |  | |
| Full title of Research Programme |  | |
| Please state the campus where you are based |  | |
| Has this project been funded? |  | |
| If so, please state the full name of the funding body. |  | |
| Please state the full funding call title |  | |
| Total amount of funding received (in euro) |  | |
| Upon which programme type do you wish to recruit a student? | Master of Arts  Master of Business  Master of Engineering  Master of Science  Masters tracking PhD  Doctor of Philosophy | |
| Will the student be registered as full-time or part-time? | Full time  Part time | |
| What Faculty and Department shall the student be registered with? |  |  |
| What is the project’s ISCED code? |  |  |
| Will the student be associated with any research group, centre or institute? |  |  |
| If you answered yes to the preceding question, please state which group, centre or institute they will be associated with. |  |  |
| Upon which TUS campus shall the student be based primarily? |  |  |
| What are the students’ proposed start date and finish date?  (day/month/year) |  |  |

**Funding**

|  |  |  |
| --- | --- | --- |
| **Will the available funding cover the entire duration of the project?** | **Yes** | **No** |

**If no, please explain when the funding commences and how long it will continue for:**

|  |
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|  |

**Stipend**

**If the candidate will be in receipt of a stipend from TUS or from any other source, please provide the requisite information below. If they are not in receipt of a stipend, please skip to the next item:**

|  |  |
| --- | --- |
| Proposed Amount of Research Stipend  (per annum) |  |
| Number of stipend payments due |  |
| Duration of funding (Start Date/End Date) |  |
| Cost Centre of Funding (If unknown please contact research finance for information) |  |

**Please confirm the availability of the resources that are necessary for this project and if any additional resources are required, please state below:**

|  |  |
| --- | --- |
|  | **Details** |
| Consumables |  |
| Facilities/Equipment |  |
| Staff |  |
| Other |  |

**SECTION B: Project Overview**

Please provide an overview of the project in the form of an abstract (maximum 500 words). Please detail the main thesis idea, the key methodologies used and the main aims and objectives of the study.

**SECTION C: Details of Specialist Training Programmes (if applicable)**

Do you envision that the candidate will access specialist research training programmes to complete their studies (outside of the standard research modules offered by TUS)? **Yes**  **No**

If so, can they source this training within TUS? **Yes**  **No**

If you answered no to the last question, at which institution(s) can they do the training?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the estimated cost of the training? (total, in euro) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there budget available in your grant to cover this training? **Yes**  **No**

**SECTION D: Supervisory Panel Details**

Please provide full details of the project’s supervisory panel. Please include a full CV for each supervisory panel member.

**Principal Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Co - Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Co - Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Mentor supervisor (if applicable)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**SECTION E: Supervisory Panel Declarations**

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| --- |
| **Declaration to be signed by each member of the Supervisory Panel**  I, the undersigned, declare that:   * I have read and am aware of my responsibilities under the Research Degree Programme Regulations. * I understand the duties and responsibilities attaching to the role of Supervisor. * I confirm my intention to supervise the research applicant in accordance with the research policies and procedures of TUS. * I have received/will attend (please delete as appropriate) 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 and registration of the research degree programme and research applicant and processed in accordance with the TUS Employee Privacy Statement   Signature of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Mentor Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Mentor Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION F: To be completed by the Chairperson of the Faculty Research Committee (FRC)**

**This application was considered by the Faculty Research Committee, and it was agreed (please tick the relevant box as appropriate)**

|  |  |
| --- | --- |
| To submit the application to Postgraduate Studies and Research Subcommittee for approval |  |
| That further information is required (if applicable, please stipulate) |  |
| Not to approve the application |  |
| **Signature of Chairperson of the Faculty Research Committee:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Head of Department/Dean of Faculty:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**SECTION G: To be completed by the Dean of Graduate Studies, Head of the Graduate School**

|  |  |  |
| --- | --- | --- |
| Supervisory Panel is appropriate and aligns with research regulations | Yes | No |
| Document has been signed by all parties | Yes | No |
| **Signature of Dean of Graduate Studies, Head of the Graduate School**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |