

## **PLEASE NOTE:**

- To complete and sign this interactive PDF you must have **ADOBE READER VERSION 8** or newer.
- Click here to download: [Adobe Reader for MAC](#) [Adobe Reader for WINDOWS](#)
- When opening the PDF in Reader, if prompted, click **ENABLE ALL FEATURES** and **HIGHLIGHT THE EXISTING FIELDS**
- To insert a digital signature below, click on the signature and follow the brief instructions, before saving the document, and sending on to the next signee, as needed.

## **IMPORTANT:**

- The onus is on the Student to ensure that this form is completed and to attain all required electronic signatures before returning to: [pgresearch@ucc.ie](mailto:pgresearch@ucc.ie)
- For all change requests, the Lead Supervisor signs this form on behalf of the full supervisory team. The only exception to this is requests to change the supervisory team, which requires signatures of the full supervisory team.
- For all types of change requests, the Head of Department/School must sign this form.

## **Student Details (required)**

Student Name:

Student Number:

Date of Birth:

School/Department:

Email:

Tel:

Currently registered as:

## **SECTION 1: Change from Full-Time/Part-Time**

**PLEASE NOTE:** The date of change to full-time/part-time must align with your start date for this academic year, e.g. if your start/registration was from April this year, then your change to full-time/part-time must start in April.

Full Time to Part Time

OR

Part Time to Full Time

Remaining Number of Years:

From Date:

## **SECTION 2: Change of Start Date (EU Only)**

From (approved start date)

Year

To (proposed new start date)

Year

## **SECTION 3: Change of Number of Approved Years of Study**

**PLEASE NOTE:** Minimum registration for PhDs is 3 years full-time or 6 years part-time

From 4 years full-time to 3 years full-time

From 3 years full-time to 4 years full-time

## SECTION 4: Change/Addition of Supervisor/Advisor

### Current Supervisors/Advisors (list all current supervisory team members and signatures must be provided)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

---

### Proposed Supervisors/Advisors (list all proposed supervisory team members and signatures must be provided)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

## SECTION 5: Major Change of Thesis Title

New Thesis Title:

## SECTION 6: Change of Subject

From:

To:

## SECTION 7: Change/Addition of Module (Thematic PhD only)

From (if applicable):

To:

## SECTION 8: Leave of Absence (Minimum 3 months, maximum 12 months)

### PLEASE NOTE:

- For leaves of absence for medical reasons, a medical certificate must accompany this form, as per [UCC's Policy on Leave of Absence for Research Students](#)
- Retrospective leave will only be granted where a student has not been registered, or has been on certified sick leave and has not received supervision or used university facilities during this period. In such cases a medical certificate must accompany this form.

Leave of Absence to start from:

Year:

Period of leave:

Reason for Leave:

## SECTION 9: Extension

### PLEASE NOTE:

- The maximum duration of a PhD is 6 years, and extensions are only applicable beyond this point.
- Extension requests can only be considered if they are accompanied by a completed and signed progress review form. An annual progress review is a University requirement for research students. Full details can be found in [UCC's Progress Review Policy](#)

Academic Year of proposed extension (e.g. 2021):

From:

## SECTION 10: Re-commencement of Programme

### PLEASE NOTE:

- You may apply to re-commence your programme if you have failed to re-register for more than 12 months and less than 60 months.

Re-commence programme from:

Year:

Please provide a brief statement on the reason for your extended period of expired registration.

## SECTION 11: Change of Programme

To:

New Thesis Title (if applicable):

### To be completed by Lead Supervisor *and* Head of School/Department

#### FOR CHANGE OF PROGRAMME REQUESTS ONLY:

*Please tick which option you wish to approve the student for:*

Transfer to:

To transfer from an MPhil to a PhD, or from a PhD Track to a PhD, students must have submitted a minimum of 10,000 words of written work as well as defend his/her work at interview. I can confirm that the student has completed and met this requirement

Number of Academic Years:

Full Time

Part Time

Start Date:

Year:

*(The start date is normally the date on which the applicant first registered for their Masters/PhD Degree).*

#### FOR CHANGE OF SUBJECT REQUESTS ONLY:

*I confirm that a review has been conducted of this candidate's work to date. S/he has submitted a detailed proposal to his/her Supervisor. I recommend that the student be allowed to register for the PhD/Masters Programme.*

Name of School/Department/(s):\* 1.

2.

\*For Internal funding under RAM, if this student is jointly supervised across more than one School/Department please specify how funding should be divided. (Queries on FTE's should be directed to [regadmin@ucc.ie](mailto:regadmin@ucc.ie))

Name of School/Department:

Funding (%):

Name of School/Department:

Funding (%):

## Signatures of Lead Supervisor *and* Head of School/Department

**PLEASE NOTE:**

- For all change requests, the Lead Supervisor signs this form on behalf of the full supervisory team. The only exception to this is requests to change the supervisory team, which requires signatures of the full supervisory team in Section 4.
- Where approving students for a leave of absence, your signature indicates that you have not or will not provide supervision during the period of leave.

**CLICK AND FOLLOW INSTRUCTIONS TO INSERT ELECTRONIC SIGNATURES BELOW**

Lead Supervisor (print):

Date:

*Signature:*

---

Head of School/Department (print):

Date:

*Signature:*

2nd Head of School/Department (print): *If Supervisors are in 2 Schools/Departments*

*Signature:*

Date:

---

Student Signature

Date: