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Date submitted to the Graduate School (recorded by the Graduate School)

RESEARCH DEGREE: Application for Approval of Supervisory Team

This form should be used to apply for approval of the proposed supervisory team of a research degree candidate (<u>Academic Handbook section 2R refers</u>). This form must be completed electronically and sent to <u>research.degree@solent.ac.uk</u> in the Graduate School and will be considered as part of the application.

PART A:	THE CANDIDATE									
	name/Family Name: t Name(s):									
3. Stud	lent ID Number:									
4. Exp	ected Start Date:						Г			
5. Mod	e of Study:					Full-Time		Part-Time		
6. Leve	Level of Award:		MPhil MPhil/		il/PhD) by Prior blication		
7a. Departme	Department of Ar	ts De	epartment of Business & Lav		W	Department of Science & Engineering			Warsash Maritime School	
Department of Spor & Health			Department of Social Sciences & Nursing			Department of Film & Media				
7b. Research Theme Engineering & Environment		Hu	Human Function & Health			Media, Culture & the Arts		Social Research & Policy		
8. Prov	visional thesis title:	ISORY TE	AM							
9.										
Dire	ctor of Studies									
Name	2									
	est Qualification									
Prese Emai	ent post									
	rvisory Experience				irostor	of Stud	lies		2 nd Superv	

RD1S (09/2023)

PhD

MPhil

Number currently under supervision									
Number previously supervised to successful completion									
Supervisors must complete the University's mandatory research supervisors' training every 3 years*. Please indicate if you have undertaken the mandatory training and when.									
No		Yes		If yes, please state ye	ar:				
Supervisors must complete a least 2 of the University's optional research supervisors' training every 3 years*. Please indicate if you have undertaken the optional training and when.									
No		Yes		If yes, please state ye	ar:				
		University ne <u>website</u>		datory and optional training	please re	efer to the Resea	rcher Develo	pment	
Co-	-Sup	ervisor							
Nar	me								
	hest alifica	ition							
Pre	sent	post							
Ema	ail								
Sup	ervis	ory Expe	rience		Direct	or of Studies	2 nd Supervisor		
					MPhil	PhD	MPhil	PhD	
Nun	nber c	urrently u	nder si	upervision					
	nber p ipletio		upervi	sed to successful					
				lete the University's ma e if you have undertake					
No		Yes		If yes, please state year	ar:				
	or the osite.	University	's man	datory training please refe	r to the Re	esearcher Develo	opment Prog	ramme	
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Hig	hest alifica	ution							
	sent								
Ema									
Supervisory Experience			Direct	or of Studies	2 nd Supervisor				
	Supervisory Experience			MPhil	PhD	MPhil PhD			
Nun	Number currently under supervision								
Number previously supervised to successful completion									
		•	supervis	sed to successful					
Sup	pletio pervis	n ors must	comp	sed to successful lete the University's ma e if you have undertake					
Sup	pletio pervis	n ors must	comp	lete the University's ma	n the ma				

MPhil

PhD

RD1S (09/2023)

Supervisors must complete a least 2 of the University's optional research supervisors' training every 3 years*. Please indicate if you have undertaken the optional training and when.								
No		Yes	If yes, please state year:					
* For the University's mandatory and optional training please refer to the Researcher Development								

Are any members of the proposed supervision team either a) line manager to the student, or b) are any members of the supervision team line managed by the student?

This should be accompanied by a statement that where possible such an appointment in the case of internal student teams should not be made, but where this is unavoidable for reasons of relevant subject expertise, the following supplementary question should be answered:

What measures have been put in place in the proposed supervision team to mitigate any potential conflict of interest inherent in the above relationship?

10. Details of any other pe	on(s) who will formally act in an advisory capacity (when the control of the cont	nere applicable):
Name		
Qualifications		
Present post		
Place of work		
Email		
PART C: AWP HOURS AP	VAL BY LINE MANAGER / HEAD OF DEPARTMENT	
Signed by Line Manager/Head of Dep	ment:	
Print Name:	Date:	
PART D: DOCTORAL REV	PANEL OUTCOME	

11. Composition of Panel:

The Panel will normally be chaired by the Doctoral Co-ordinator, with two other doctoral review panel members or appropriate other colleagues experienced in research.

12. Suitability of the application, student and supervisory team.

The panel has:

- i. Considered the suitability of the application and student;
- ii. Reviewed the proposed supervisory team, and confirm that this team has the appropriate knowledge and experience
- iii. Confirmed that all members of the supervisory team have undertaken, or committed to undertake all requisite training within 6 months. (<u>Academic Handbook section 2R refers</u>).

iv. Confirmed that the Head of Department and/or line manager has agreed that there is capacity within the supervisors' AWP.

I recommend the above supervisory team for approval of the chair / deputy chair of the Research Degrees

Signed by
Doctoral Co-ordinator:
Print Name:

Date:

PART E: RESEARCH DEGREES COMMITTEE APPROVAL

13. Outcome:
 i. Approved
 ii. Not approved

Signed by
Chair / Deputy Chair RDC:
Print Name:

Date: