**RD1: RESEARCH DEGREE STUDENT APPLICATION**

* Sections 1 - 4 to be completed by the applicant (except where indicated for completion by the proposed Director of Studies)
* Sections 5 - 6 to be completed by the proposed Director of Studies
* Section 7 to be completed by the Head of Academic Partner/ Authorised Signatory
* Director of Studies and Supervisors must each complete a nomination of supervisor section at the end of the application

Once complete, this form should be sent to the SAMS Graduate School Office who liaise with UHI Graduate School. Your application will be considered by the University’s Research Degrees Committee. **PLEASE RETURN TO:** [**masters@sams.ac.uk**](mailto:masters@sams.ac.uk)

**ABOUT YOU**

**1.1 PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME(S)** |  | | |
| **SURNAME/FAMILY NAME** |  | | |
| **PREFERRED FIRST NAME** |  | | |
| **DATE OF BIRTH** |  | **COUNTRY OF BIRTH** |  |
| **NATIONALITY** |  | | |
|  | | | |
| **EMAIL ADDRESS** |  | | |
| **CONTACT TELEPHONE NO.** |  | | |
| **VIDEO CALL ADDRESS, if available** |  | | |
|  | | | |
| **ADDRESS (UK)** | | **ADDRESS IN HOME COUNTRY (IF NOT UK)** | |
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|  | | | |
| **DO YOU REQUIRE A STUDENT VISA? If yes, please complete section 3.1**  **If no, and you are not UK National, or hold British nationality status, please provide detail in the free text box below to clarify what will be your visa status in the UK.**  **EU Nationals should indicate if they have pre-settled or settled status – please note, before an offer can be made, the University will require you to provide a** [**share code**](https://www.gov.uk/view-prove-immigration-status) **so we can confirm your Settlement Status.**  **I GIVE CONSENT to the University to check directly, if necessary, on my immigration history and/or current immigration status with UK Visas and Immigration (UKVI).** | | Choose an item.  Choose an item. | |
| ***Free text box, if required.*** | | | |

* 1. **EDUCATION, EMPLOYMENT AND PROFESSIONAL QUALIFICATIONS -** Please give the exact titles of qualifications, including any non-UK qualifications (in the language awarded - please **do not** give English equivalencies). Please note that qualifications gained outside of the UK will be checked by the international admissions team to ensure UK equivalency.

Please give the name of the awarding body if different from university/college attended.

Please note the standard minimum entry requirements: **Master’s degree, OR First or Upper Second-Class Honours degree, OR other qualifications or experience that affords sufficient evidence of an applicant’s ability to work at the academic level associated with the target award.**

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| **FROM (Month/Year)** | **TO (Month/Year)** | **UNIVERSITY/COLLEGE ATTENDED** | **FT/ PT** | **SUBJECT** | **QUALIFICATION** | **DATE & CLASS OF AWARD/ MARK OBTAINED** |
|  |  |  |  |  |  |  |

If any of your qualifications were obtained under a name different from the one given in Section 2, please enter the name here (and indicate which qualifications were obtained under this name).

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| **QUALIFICATION** | **TITLE** | **FIRST NAME(S)** | **SURNAME/FAMILY NAME** |
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**REFEREES - Please provide the details of two recent academic references.** These should not be relatives. Applicants who have already embarked on an MRes or PhD programme should provide at least one up-to-date reference from a current supervisor. **NOTE: It is the applicant’s responsibility to send the Applicant Reference Request Form to each referee. Referees must submit their reference directly** to [masters@sams.ac.uk](mailto:masters@sams.ac.uk)

|  |  |  |
| --- | --- | --- |
|  | **REFEREE 1** | **REFEREE 2** |
| **NAME** |  |  |
| **POSITION & RELATIONSHIP  TO APPLICANT** |  |  |
| **ORGANISATION & ADDRESS** |  |  |
| **CONTACT EMAIL** |  |  |

* 1. **ENGLISH LANGUAGE QUALIFICATIONS -** All applicants for whom English is not their native language will be required to provide evidence of English language proficiency, usually in the form of an IELTS test, gained within the two years prior to their registration date (unless the student has a prior UK degree). For more information on English language requirements, please see [Visa requirements and advice - English language requirements (uhi.ac.uk)](https://www.uhi.ac.uk/en/studying-at-uhi/international/eligibility/english-language-requirements/)

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| **What is your native language?** | | | |  | | | | |
| **IF NOT ENGLISH, Do you have any of the following English language qualifications? PLEASE click or ‘x’ box below as relevent.** | | | | | | | | |
| **IELTS** |  | | **Cambridge** |  | | **GSCE** | |  |
| **pearson** |  | | **toefl** |  | | **none** | |  |
| **OTHER (please specify):** | | | | | | | | |
| **Result (overall & by section)** | |  | | | **Date achieved** | |  | |

* 1. **EMPLOYMENT –** Please give details of your employment in the last five years (if applicable)

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| **FROM (Month/Year)** | **TO (Month/Year)** | **POSITION HELD & PLACE OF WORK** | **FT/ PT** | **NAME & ADDRESS OF EMPLOYER** |
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**1.5** **PROFESSONAL EXPERIENCE, PUBLICATIONS, RESEARCH** - Please use this space if you would like to provide details of any relevant professional or research experience, or details of publications.

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**1.6 PERSONAL STATEMENT (500 words maximum) -** Please use this space if you would like to provide additional information to support your application

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# **ABOUT THE RESEARCH**

* 1. **RESEARCH AREA, ACADEMIC PARTNER AND DEGREE you wish to apply FOR**

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| --- | --- | --- |
| **PHD** | | |
| **PHD Research Area** | **Academic Partner** | **Mode of STUDY** |
| **Archaeology** | Choose an item. | Choose an item. |
| **Creative practice in the arts** | Choose an item. | Choose an item. |
| **ENERGY AND ENGINEERING** | Choose an item. | Choose an item. |
| **ENVIRONMENTAL SCIENCE** | Choose an item. | Choose an item. |
| **GAELIC AND RELATED STUDIES** | Choose an item. | Choose an item. |
| **HEALTH (incl. nursing)** | Choose an item. | Choose an item. |
| **HISTORY** | Choose an item. | Choose an item. |
| **Marine Science** | Choose an item. | Choose an item. |
| **NORTHERN STUDIES** | Choose an item. | Choose an item. |
| **Sustainability** | Choose an item. | Choose an item. |
| **Theology** | Choose an item. | Choose an item. |

**If the PhD research area is not listed above, please state below, including Academic Partner:**

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| --- | --- | --- |
|  |  | Choose an item. |

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| --- | --- | --- |
| **Masters by research (MRes)** | | |
| **MRES Research Area** | **Academic Partner** | **Mode of STUDY** |
| **ARCHAEOLOGY** | Choose an item. | Choose an item. |
| **BIOMEDICAL SCIENCES** | Choose an item. | Choose an item. |
| **COMMUNITY ENGAGEMENT** | Choose an item. | Choose an item. |
| **CREATIVE PRACTICE** | Choose an item. | Choose an item. |
| **DIGITAL HEALTH** | Choose an item. | Choose an item. |
| **ECO-LITERATURE** | Choose an item. | Choose an item. |
| **ENGINEERING** | Choose an item. | Choose an item. |
| **ENVIRONMENTAL SCIENCE** | Choose an item. | Choose an item. |
| **EXERCISE PHYSIOLOGY, TRAINING AND NUTRITION** | Choose an item. | Choose an item. |
| **FRESHWATER BIODIVERSITY AND CONSERVATION** | Choose an item. | Choose an item. |
| **FRESHWATER SCIENCE** | Choose an item. | Choose an item. |
| **FORESTRY** | Choose an item. | Choose an item. |
| **GAELIC AND CELTIC STUDIES** | Choose an item. | Choose an item. |
| **HISTORY** | Choose an item. | Choose an item. |
| **MARINE SCIENCE** | Scottish Association for Marine Science | Choose an item. |
| **NORTHERN STUDIES** | Choose an item. | Choose an item. |
| **PSYCHOLOGY** | Choose an item. | Choose an item. |
| **RENAISSANCE DRAMA** | Choose an item. | Choose an item. |
| **RURAL HEALTH** | Choose an item. | Choose an item. |
| **SCIENCE FICTION AND FANTASY** | Choose an item. | Choose an item. |
| **SUSTAINABILITY** | Choose an item. | Choose an item. |
| **SUSTAINABLE LANDSCAPES AND TECHNOLOGY IN THE BUILT ENVIRONMENT** | Choose an item. | Choose an item. |

**2.2 UHI LOCATION –** Enter the location the student will either be physically based (full-time study) or attending when visiting their supervisors or using facilities (part-time study, distance-mode). Please note section 2.5 which requires additional information for distance-mode.

Choose an item.

**2.3 PROPOSED RESEARCH AND PROPOSAL**

|  |  |  |
| --- | --- | --- |
| **PROPOSED TITLE OF PROJECT** |  | |
| **PROPOSED START DATE** |  | |
| **HECOS CODE – MUST BE COMPLETED BY DIRECTOR OF STUDIES: See full list** [**here**](https://myuhi.sharepoint.com/:x:/r/sites/eo-sro/_layouts/15/Doc.aspx?sourcedoc=%7BFD6E6D75-38DA-4050-9BB7-DCB30C835FEE%7D&file=JACS3-to-HECoS-mapping_2017-06-28%20(002).xlsx&action=default&mobileredirect=true) **(UHI login required) - please select code from the shaded ‘HECOS’ column.** | |  |
| **A Research Proposal of approximately 1,500 words must be attached to this application and should cover:**   1. The area or topic being investigated 2. The problem or hypothesis being tested 3. The methods and techniques used 4. The relationship of the proposed research to the published literature and current research in the field and an indication of the contribution that this research would make 5. Details of any of the applicant’s own previous work in the field. | | |
| **Ethics and Research:** Ethical approval may be required for a variety of reasons, especially (but not exclusively) where human or animal subjects are involved, or where there is potential risk to the environment. It is the responsibility of the Director of Studies and research student to consider ethical issues from the outset of a programme of research and to consult the University’s Research Ethics Framework to determine if an application for ethical approval should be made. | | |
| **Thesis Confidentiality (Embargo):**  Research students who consider an embargo is necessary are encouraged to discuss this with their supervisors as early as possible. Please note, many research funders now encourage or require their award holders to share their research. It will be assumed that relevant checks have been made to ensure an embargo does not contravene funders’ terms and conditions. | | |

**2.4 FUNDING**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL PROGRAMME COSTS (sometimes called bench fees or research costs) ARE IN ADDITION TO the UNIVERSITY’S RESEARCH TUTION FEE.**  **must be completed by the director of studies – if no fee, please indicate as such in ‘choose an item column.** | | | | | | | | |
| **WILL THERE BE ADDITIONAL PROGRAMME COSTS INCURRED BY THE STUDENT FOR EACH/ANY YEAR OF ACTIVE STUDY? If Yes, please state cost for each year as relevant:** | Choose an item. | **Yr 1**  £ | **Yr 2**  £ | **Yr 3**  £ | **Yr 4**  £ | **Yr 5**  £ | **Yr 6**  **£** | **Yr 7**  **£** |

|  |  |  |
| --- | --- | --- |
| **How will you pay for your studies? (including fees, cost of living and ADDITIONAL PROGRAMME costs, IF APPLICABLE)** | | |
|  | | |
|  |  | **GIVE FULL DETAILS (EG, NAME OF ORGANISATION PROVIDING FUNDING, AMOUNT AWARDED, STIPEND ETC)** |
| **SELF\*** |  |  |
| **STUDENTSHIP/SCHOLARSHIP** |  |  |
| **EMPLOYER** |  |  |
| **HOME COUNTRY’S GOVERNMENT** |  |  |
| **OTHER** |  |  |

\*By selecting this option, you are confirming that you are responsible for guaranteeing your own funding for the duration of your studies. Please be aware that annual tuition fees are subject to revision and are typically increased by approximately 2% per annum. The Home fee for research programmes is the feel level set by UK Research and Innovation (UKRI).

**2.5 FURTHER INFORMATION – IF YOU SELECT ‘YES’ TO ANY OF THE FOLLOWING, OR HAVE ANY OTHER RELEVANT INFORMATION REGARDING YOUR RESEARCH, PLEASE PROVIDE FURTHER DETAILS IN THE FREE TEXT BOX BELOW.**

|  |  |
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| **IS THIS AN APPLICATION FOR TRANSFER OF REGISTRATION**? Students registered for a research degree at another comparable institution may apply to transfer their registration to UHI. This option is only available for work which has not previously contributed to an academic award and applicants must register at UHI for at least 12 months (FT) or 24 months (PT) prior to the date of the submission of the thesis for examination. If Yes, please provide details of the length of time studied and any professional skills and/or training courses undertaken. | Choose an item. |
| **IS THE RESEARCH PART OF A LARGER GROUP PROJECT?** If yes, please explain how your research fits with the overall project and how it will be sufficiently distinct to enable you to submit a thesis of your work. If this is a funded research project, please ensure grant details and relevant funding reference number is noted in the Funding section above. | Choose an item. |
| **DISTANCE MODE –** A student’s main place of residency is overseas or outside of Scotland and not within relatively easy access to a UHI Academic Partner campus or learning centre. [See more info in the Code of Practice, Section 2](https://staffresources.uhi.ac.uk/support_portal/resources/Code%20of%20practice%20for%20PG%20research%20degrees/build/).  Does Distance mode apply? **IF YES, the Director of Studies must review the information on** [**SharePoint**](https://myuhi.sharepoint.com/sites/uni-gs-01/SitePages/Applications-and-Offers,-incl.-distance-mode-guidance.aspx) **(staff log-in) Application & Offers section and – referring to points 1-7 contained therein – please provide a full response in the free text space below.** | Choose an item. |
| **IS THE THESIS TO BE IN GAELIC?** | Choose an item. |
| **IS THE THESIS TO INCLUDE NON-TRADITIONAL FORMS OF MATERIAL?**  **e.g. original, creative or practical work.** If yes, please provide details of the proposed submission, including any special arrangements for final assessment (public exhibition, performance or other demonstration) | Choose an item. |
| ***Free text box, if required.*** | |
| |  | | --- | |  |  1. **SUPPLEMENTARY QUESTIONS**   **3.1 APPLICANTS WHO REQUIRE A TIER-4 STUDENT VISA – PLEASE COMPLETE**   |  |  | | --- | --- | | **NAME AS SEEN ON PASSPORT** |  | | **PASSPORT NUMBER** |  | | **PASSPORT EXPIRY DATE** |  | | **PASSPORT COUNTRY OF ISSUE** |  | | **HAVE YOU EVER BEEN REFUSED A VISA FOR ANY COUNTRY, INCLUDING THE UK, IN THE LAST 10 YEARS?** | Choose an item. | | **IF YES, PLEASE PROVIDE FULL DETAILS AND ATTACH A COPY OF YOUR VISA REFUSAL DOCUMENTS** |  | | **COUNTRY OF RESIDENCE OVER LAST THREE YEARS AND PURPOSE OF THAT RESIDENCE, e.g. permanent, education, employment** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **HAVE YOU PREVIOUSLY STUDIED IN THE UK? (If yes, complete table below)** | | | Choose an item. | | | | | FROM (Month/Year) | TO (Month/Year) | UNIVERSITY/COLLEGE ATTENDED | | SUBJECT | QUALIFICATION | DATE & CLASS OF AWARD/ MARK OBTAINED | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  | | --- | --- | | **HAVE YOU PREVIOUSLY HAD A TIER 4/STUDENT ROUTE VISA?** | Choose an item. | | **HAVE YOU EVER VISITED THE UK BEFORE? If Yes, please give details below on the visa type(s) and provide a copy of this with your application.** | Choose an item. | |  | |   **3.2 ALL APPLICANTS**  The information below is not used in the selection process but is required for statistical purposes. Additionally, information regarding Health or Medical Conditions is gathered to enable us to work with you as early as possible to identify support needs you may have. We welcome applications from students with additional needs and are committed to supporting disabled students. We understand that being a disabled postgraduate researcher could raise some complex issues and we aim to meet a wide range of individual needs, where we reasonably can.  **HEALTH OR MEDICAL CONDITIONS –** Please click or ‘x’ box below as relevant:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | No disability | | | | |  | I have a social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder | | | | |  | I am blind or have a serious visual impairment uncorrected by glasses | | | | |  | I am deaf or have a serious hearing impairment | | | | |  | I have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | | | | |  | I have a mental health condition, such as depression, schizophrenia or anxiety disorder | | | | |  | I have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | | | | |  | I have physical impairment or mobility issues, such as difficulty using my arms or using a wheelchair or crutches | | | | |  | I have a disability, impairment or medical condition that is not listed above | | | | |  | I have two or more impairments and/or disabling medical conditions | | | | |  | Information refused | | | | | I have personal care support | |  | I carry medicines which are time critical in their application (e.g., Epi-pen) |  | | Please describe any additional support requirements you may have: | | | | |     **GENDER** - Please click or ‘x’ box below as relevant  Male  Female  Other  Prefer to not disclose  **ETHNICITY** - Please click or ‘x’ box below as relevant  Asian British  Asian other  Black British  Black other  Mixed/multiple ethnic groups  Other  White British  White other  Prefer to not disclose | |

# **4. STATEMENT BY APPLICANT**

a) I confirm that I wish to apply to register for a research degree at the University of the Highlands and Islands on the basis of UHI’s [research degree award regulations and policies](https://www.uhi.ac.uk/en/about-uhi/governance/policies-and-regulations/) and the [Terms and conditions for applicants and students](https://www.uhi.ac.uk/en/about-uhi/governance/policies-and-regulations/policies/).

b) Where self-funding: I understand that I am liable for any fees, or Where funded: I understand the value of the award and that this is subject to the availability of funding.

c) I understand that the University reserves the right to withdraw registration made on the basis of information that proves to be untrue or misleading.

d) I understand that [Intellectual Property Rights](https://www.uhi.ac.uk/en/research-enterprise/res-policies/intellectual-property/) are automatically assigned to the University, but that an application can be made to opt out of this default position and my Director of Studies will provide further guidance on this, if required.

e) Processing of personal data - I confirm that I have read and understood the following statement: *The University of the Highlands and Islands and Academic Partners are registered under the Data Protection Act 2018. By signing this form, you consent to these bodies holding and processing your personal data for all purposes connected with our statutory and business requirements. Where required, your information may be supplied to other official agencies e.g., Higher Education Statistics Agency (HESA), Scottish Funding Councils for Further and Higher Education. The information may also be aggregated with other information and used for our own or other research purposes; used for the purposes of providing references, if we are asked to so do; and information on your progress may be disclosed to an organisation providing you with financial support.*

Please see our Privacy Notice [here](https://www.uhi.ac.uk/en/research-enterprise/grad-school/code-of-practice/) or visit [www.uhi.ac.uk/gradschool](http://www.uhi.ac.uk/gradschool) Note: this information is supplementary to the University’s HE admissions and enrolment privacy notices. Please note you will be asked to provide a digital photograph during the enrolment process.

I confirm to the best of my knowledge that the information I have given on this form is correct.

|  |  |
| --- | --- |
| **SIGNATURE** | **DATE** |

# **RECOMMENDATION BY THE ACADEMIC PARTNER**

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| --- |
| **PLEASE OUTLINE HOW THE APPLICANT HAS DEMONSTRATED THEIR SUITABILITY TO UNDERTAKE POSTGRADUATE RESEARCH.** |
|  |
| **Summarise the evidence offered in support of the application in terms of qualifications, knowledge and experience in the proposed areas of research. if the application is for transfer of registration, the director of studies should indicate the reduction of registration time being sought and confirm that they consider the level of previous study equates to this time. nb: where applicable, the standard phd probationary process will take place within the first 3 months (FT) or 6 months (PT).** |
|  |
| **PLEASE CONFIRM THAT THE APPLICANT HAS BEEN INTERVIEWED, INCLUDING THE INTERVIEW DATE, WHO ATTENDED AND METHOD (IN PERSON/SKYPE)** |
|  |

**IF ‘NO’ IS SELECTED TO EITHER OF THE FOLLOWING, PLEASE PROVIDE FURTHER DETAILS IN THE FREE TEXT BOX BELOW. NOTE, STANDARD ENTRY REQUIREMENT: Master’s degree, OR First or Upper Second-Class Honours degree, OR other qualifications or experience that affords sufficient evidence of an applicant’s ability to work at the academic level associated with the target award.**

|  |  |
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| **HAVE REFERENCES BEEN TAKEN UP AND ARE ACCEPTABLE?** | Choose an item. |
| **DOES THE APPLICANT FULFIL THE STANDARD ENTRY REQUIREMENT? – If No, a case in support must be provided. This should, wherever possible, include references to publications and other objective evidence of the applicant’s suitability.** | Choose an item. |
| ***Free text box, if required*** | |

# **PROPOSED SUPERVISION**

Please refer to the [Code of Practice for Postgraduate Research Degrees](https://staffresources.uhi.ac.uk/support_portal/resources/Code%20of%20practice%20for%20PG%20research%20degrees/build/) for the criteria by which supervisory teams must be appointed. Individual Nomination Forms (below) should also be completed, so Research Degrees Committee can ensure the suitability of the supervisory team as a whole. Please also consider if any of the proposed supervisors should engage with the [University Mentoring Scheme](https://www.uhi.ac.uk/en/learning-and-teaching-academy/prof-devt/mentoring/).

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| --- | --- |
| **Director of Studies (main supervisor)** | |
| **Name** |  |
| **Academic Partner/ Research Centre** |  |
| **Position Held and FTE equivalence** |  |

|  |  |
| --- | --- |
| **SECOND SUPERVISOR** | |
| **Name** |  |
| **Institution/ AP/ Research Centre** |  |
| **Position Held** |  |

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| **aDDITIONAL SUPERVISOR** | |
| **Name** |  |
| **Institution/ AP/ Research Centre** |  |
| **Position Held** |  |
|  |  |

# **SUPPORT OF HEAD OF ACADEMIC PARTNER/ RESEARCH CENTRE**

**IF ‘NO’ IS SELECTED TO ANY OF THE FOLLOWING, PLEASE PROVIDE FURTHER DETAILS IN THE FREE TEXT BOX BELOW**

|  |  |
| --- | --- |
| **I support this application for registration as a student for a research degree of the University of the Highlands and Islands.** | Choose an item. |
| **I confirm that all the required resources, (including finance, if identified in the application), are available to the student for the duration of the degree.** | Choose an item. |
| **I confirm that reasonable provision is available relating to any declared long-term condition or additional support requirements.** | Choose an item. |
| **I confirm that we have received evidence of the applicant’s qualification(s).** | Choose an item. |
| **I confirm that the proposed supervisory team meets the requirements set out in section 6 above.** | Choose an item. |
| **I confirm that discussions related to IPR have taken place with appropriate stakeholders and that an IPR agreement between the Student and the Academic Partner/Research Institute or Centre will be signed within one month of registration.** | Choose an item. |
| ***Free text box, if required*** | |

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| --- | --- | --- |
| **SIGNATURE** | **PRINT NAME** | **DATE** |

## **DIRECTOR OF STUDIES NOMINATION FORM**

PLEASE COMPLETE THE ENTIRE FORM. DO NOT ATTACH A SEPARATE CV.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student name** | |  | | |
| **Proposed DIRECTOR OF STUDIES name** | |  | | |
| **Position** | |  | | |
| **Research Area** | |  | | |
| **Academic Partner / Research Centre & address** | |  | | |
| **Email address** | |  | | |
| **Telephone number** | |  | | |
|  | | | | |
| **Number of research degree students supervised and examined AT A UK UNIVERSITY (Insert number)** | | | | |
|  | **Research Masters** | | **Doctoral** | |
| **Currently supervising\*** | As DoS: | As other: | As DoS: | As other: |
| **Previously supervised to successful completion** | As DoS: | As other: | As Dos: | As other: |
| **Previously examined** |  | |  | |
| \*If currently supervising 5 or more students, please confirm you have adequate time to support each student and indicate whether the students are registered with UHI or are external.  *Comment, if applicable*: | | | | |
| **PLEASE GIVE DETAILS OF ANY EXPERIENCE OF SUPERVISING OR EXAMINING RESEARCH DEGREE STUDENTS OUTSIDE THE UK (IF APPLICABLE), eg., number of students, institutions and countries** | | | | |
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| --- |
| **ACADEMIC AND PROFESSIONAL QUALIFICATIONS (INCLUDE DATES OF AWARD)** |
| **BRIEF STATEMENT OF CURRENT RESEARCH INTERESTS** |
| **TITLES OF PRINCIPAL RECENT PUBLICATIONS (NOT MORE THAN 5) RELEVANT TO THE STUDENT’S RESEARCH** |
|  |
| **ANY OTHER RELEVANT INFORMATION (RELATED KNOWLEDGE, SKILLS OR EXPERIENCE)** |

|  |  |
| --- | --- |
| **SIGNATURE** | **DATE** |

## **SECOND SUPERVISOR NOMINATION FORM**

PLEASE COMPLETE THE ENTIRE FORM. DO NOT ATTACH A SEPARATE CV.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student name** | |  | | |
| **Proposed SUPERVISOR name** | |  | | |
| **Position** | |  | | |
| **Research Area** | |  | | |
| **INSTITUTION/ Academic Partner /**  **Research Centre & address** | |  | | |
| **Email address** | |  | | |
| **Telephone number** | |  | | |
|  | | | | |
| **Number of research degree students supervised and examined AT A UK UNIVERSITY (Insert number)** | | | | |
|  | **Research Masters** | | **Doctoral** | |
| **Currently supervising\*** | As DoS: | As other: | As Dos: | As other: |
| **Previously supervised to successful completion** | As Dos: | As other: | As Dos: | As other: |
| **Previously examined** |  | |  | |
| \*If currently supervising 5 or more students, please confirm you have adequate time to support each student and indicate whether the students are registered with UHI or are external.  *Comment, if applicable*: | | | | |
| **PLEASE GIVE DETAILS OF ANY EXPERIENCE OF SUPERVISING OR EXAMINING RESEARCH DEGREE STUDENTS OUTSIDE THE UK (IF APPLICABLE) eg., number of students, institutions and countries** | | | | |
|  | | | | |

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| --- |
| **ACADEMIC AND PROFESSIONAL QUALIFICATIONS (INCLUDE DATES OF AWARD)** |
| **BRIEF STATEMENT OF CURRENT RESEARCH INTERESTS** |
| **TITLES OF PRINCIPAL RECENT PUBLICATIONS (NOT MORE THAN 5) RELEVANT TO THE STUDENT’S RESEARCH** |
|  |
| **ANY OTHER RELEVANT INFORMATION (RELATED KNOWLEDGE, SKILLS OR EXPERIENCE)** |

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| **SIGNATURE** | **DATE** |

## **ADDITIONAL SUPERVISOR NOMINATION FORM**

PLEASE COMPLETE THE ENTIRE FORM. DO NOT ATTACH A SEPARATE CV.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student name** | |  | | |
| **Proposed SUPERVISOR name** | |  | | |
| **Position** | |  | | |
| **Research Area** | |  | | |
| **INSTITUTION/ Academic Partner /**  **Research Centre & address** | |  | | |
| **Email address** | |  | | |
| **Telephone number** | |  | | |
|  | | | | |
| **Number of research degree students supervised and examined AT A UK UNIVERSITY (Insert number)** | | | | |
|  | **Research Masters** | | **Doctoral** | |
| **Currently supervising\*** | As DoS: | As other: | As DoS: | As other: |
| **Previously supervised to successful completion** | As DoS: | As other: | As DoS: | As other: |
| **Previously examined** |  | |  | |
| \*If currently supervising 5 or more students, please confirm you have adequate time to support each student and indicate whether the students are registered with UHI or are external.  *Comment, if applicable*: | | | | |
| **PLEASE GIVE DETAILS OF ANY EXPERIENCE OF SUPERVISING OR EXAMINING RESEARCH DEGREE STUDENTS OUTSIDE THE UK (IF APPLICABLE) eg., number of students, institutions and countries** | | | | |
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| **ACADEMIC AND PROFESSIONAL QUALIFICATIONS (INCLUDE DATES OF AWARD)** |
| **BRIEF STATEMENT OF CURRENT RESEARCH INTERESTS** |
|  |
| **TITLES OF PRINCIPAL RECENT PUBLICATIONS (NOT MORE THAN 5) RELEVANT TO THE STUDENT’S RESEARCH** |
|  |
| **ANY OTHER RELEVANT INFORMATION (RELATED KNOWLEDGE, SKILLS OR EXPERIENCE)** |

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| **SIGNATURE** | **DATE** |