|  |  |
| --- | --- |
| **newcastle_master_blk** | **PREVIOUS STUDY APPLICATION – DOCTORAL PROGRAMMES** |

**You should complete and submit this form if you wish to apply for previous research degree study at a different institution to be taken into account for calculation of your period of candidature at Newcastle University.**

**Minimum Study Duration at Newcastle**

**Full-time Doctoral Programme One year of minimum study/primary research**

**Part-time Doctoral Programme Two years of minimum study/primary research**

**If this previous study application is approved, you must also submit a postgraduate application so that a formal academic offer can be made for the programme of study at Newcastle University. An application can be made at:** [**http://www.ncl.ac.uk/postgraduate/apply/form/**](http://www.ncl.ac.uk/postgraduate/apply/form/)

**If a previous study application is approved after you have already received an academic offer, a revised offer letter will be produced by Postgraduate Admissions taking into account your previous study.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1 – To be completed by CANDIDATE** | | | | | |
| **Personal Details** | | | | | |
| Name |  | | | Student No (from application, if known) |  |
| Degree |  | | | | |
| Stage |  | | | Full-Time/Part-Time |  |
| Email address for correspondence | |  | | | |
| **Previous Study Details** | | | | | |
| Previous Institution | | |  | | |
| Start date of study at previous Institution | | |  | | |
| Reason for Transfer | | |  | | |
| Proposed start date at Newcastle University | | |  | | |
| *Copies of the following from your current/previous institution should be included with your application:*   * *Project Approval documents* * *Annual Progress Review reports* * *Letter confirming your dates of study.*   *Consideration of the previous study request will not be possible without these documents* | | | | | |
| **Supervisory Team (previous institution)** | | | | | |
| Name: | | | Position: | | |
| Name: | | | Position: | | |

|  |  |
| --- | --- |
| **Proposed Supervisor at Newcastle if different from above:** | |
| Name: | Position: |

|  |
| --- |
| Signed: Date: |

|  |
| --- |
| **SECTION 2 - To be completed by PROPOSED ACADEMIC UNIT** |
| **Supervisor’s Statement In Support of Application** |
| Name: Signed: Date: |

|  |  |  |
| --- | --- | --- |
| **SECTION 3 – To be completed by HEAD OF PROPOSED ACADEMIC UNIT** | | |
| **Do you approve this request?** | Yes 🞏 | No 🞏 |
| **Comments** | | |
| **Name:** | | |
| **Signed: Date:** | | |

**STUDENTS IN THE FACULTIES OF HASS AND SAGE, RETURN THIS FORM TO:** [**gradschool@ncl.ac.uk**](mailto:gradschool@ncl.ac.uk) **OR**

**HASS and SAGE GRADUATE SCHOOL, LEVEL 6, HENRY DAYSH BUILDING, , NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU**

**STUDENTS IN MEDICAL SCIENCES, RETURN THIS FORM TO:**

[NUBIpgenquiries@newcastle.ac.uk](mailto:NUBIpgenquiries@newcastle.ac.uk)

[TCRIpgenquiries@newcastle.ac.uk](mailto:TCRIpgenquiries@newcastle.ac.uk)

[PHSIpgenquiries@newcastle.ac.uk](mailto:PHSIpgenquiries@newcastle.ac.uk)

**ORMEDICAL SCIENCES GRADUATE SCHOOL, 3RD FLOOR, RIDLEY BUILDING 1, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU**

|  |  |  |
| --- | --- | --- |
| **SECTION 4 – To be completed by Dean of Postgraduate Studies** | | |
| **Do you approve this request?** | Yes 🞏 | No 🞏 |
| **Comments** | | |
| Signed: Date: | | |

Graduate School Guidance

PG Dean to consider:

* Whether project approval is required on registration at Newcastle. This may be useful if the student is transferring early in their candidature.
* Whether the APR timeline should differ to conventional timelines, e.g. whether a 6 month APR would be beneficial to support transition.