APPLICATION FOR TRANSFER OF CANDIDATURE FROM
DOCTOR OF PHILOSOPHY (INTEGRATED)
TO
DOCTOR OF PHILOSOPHY

All sections of this form must be completed

Candidates should be registered not less than 9 months prior to application being made

| Name: ___________________________ | Student No: ___________________________ |
| Degree: ___________________________ | Stage: ___________________________ |

Date of first registration:

Full/Part Time:

Subject of Study:

First degree qualifications:

Other qualifications:

Candidature

Please indicate by placing a cross in the appropriate box the Regulations under which you wish to proceed (see note (i) page 3).

Regulations for the Degree of Doctor of Philosophy:

Full-time (Reg 14a) ☐

6 years part-time (Reg 14c) ☐

*Please note, should this application be successful, your PhD candidature will be deemed to have started from your first date of registration for the PhD (Integrated).*

If you are in receipt of a studentship, has your sponsor approved funding for the PhD? Yes ☐ No ☐

Proposed subject of study for PhD (see note (ii) below):
Proposed title of thesis:

Subject of study approved for the PHD (Integrated) (if different from above):

Abstract of study for PhD including objectives of research (max 200 words):

Please attach a Progress Report (not more than 3 sides of A4)

Details of publications, (either published, in press or manuscript), conference papers, oral presentations, exhibitions, recitals and other performances or displays of work:

Have copies of the above been included with your Research Portfolio?
Yes ☐ No ☐ N/A ☐

Signed ________________________________ Date _________________
(Candidate)

Email Address for correspondence___________________________________________

REGULATIONS:

(i) The attention of candidates is drawn to the regulations for the Degree of Doctor of Philosophy; to the rules for submission of work for higher degrees and to the rules for the form of thesis, which are to be found in the Research Handbook and in separate leaflets available from the Registrar’s Office.

(ii) No change in the subject of study may be made without the approval of the Dean of Postgraduate Studies.
SECTION 2 - To be completed by the MAIN SUPERVISOR

Part 1

<table>
<thead>
<tr>
<th>Comments on the candidate's performance:</th>
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If evidence of suitability (eg - sample chapter) for transfer attached, please tick here □

<table>
<thead>
<tr>
<th>At the time of transfer, has the candidate completed the equivalent of a full module of formal training?</th>
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<tbody>
<tr>
<td>Yes  □   No □</td>
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<tr>
<td>If yes, please specify:</td>
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<tr>
<th>At the time of transfer has the candidate completed a substantial piece of written work?</th>
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<tr>
<td>Yes  □   No □</td>
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<tr>
<td>If yes, please specify:</td>
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<tr>
<th>Should the candidate, in your opinion, be transferred To PhD Regulations?</th>
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<tbody>
<tr>
<td>Yes  □   No □</td>
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<td>(if No, please complete Part 2)</td>
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Part 2 - Only complete if you do not recommend transfer at this time.

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<th>What course of action has been agreed with the candidate to expedite transfer?</th>
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<th>When will this re-assessment take place (This should be within 18 months of the date of registration)?</th>
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Signed ________________ Date ____________  
(Main Supervisor)

Signed ________________ Date ____________  
(Head of School)

Name: ___________________________________
SECTION 3
To be completed by a member of the Progress Panel

Comments and recommendations:

Signed ____________________________ Date ____________
Designation: ______________________________________
Name: ___________________________________________

* YOU SHOULD NOW RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING’S GATE, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU *

SECTION 4 - to be completed by DEAN OF POSTGRADUATE STUDIES

Comments and recommendations:

Approved / Not approved (please delete as appropriate)

Signed ____________________________________ (Dean of Postgraduate Studies)
Name: ____________________________________
Date: ________________________________

For Graduate School Office Use Only:
System Input □
DB Input □
Signed _______________________