APPLICATION FOR TRANSFER OF CANDIDATURE FROM DOCTOR OF PHILOSOPHY TO MASTER OF PHILOSOPHY

All sections of this form must be completed

SECTION 1 - To be completed by the CANDIDATE

Name: ___________________________ Student No: _____________

Degree: ___________________________ Stage: _____________

Date of first registration: ___________________________

Full/Part Time: ___________________________

Subject of Study: ___________________________

Supervisor: ___________________________

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

Proposed research title for PhD: ___________________________

* Proposed research title for MPhil (if different from above): ___________________________
Abstract of Study for MPhil including objectives of research (max 200):

Signed ----------------------------------------------   Date -------------------------

Email address for correspondence________________________________________

REGULATIONS:

* 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 main **MAIN SUPERVISOR**

Proposed revised date of latest submission:

Comments on the candidate’s performance:

Signed ________________ Date ___________  
(Main Supervisor)

Signed _______________ Date _____________  
(Head of School)

Name: __________________________________

SECTION 3

To be completed by the relevant progress panel or equivalent e.g., Postgraduate Director of Studies (where your departmental procedures require this level of approval)
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 ____________________________