APPLICATION FOR TRANSFER OF RESEARCH DEGREE PROGRAMME AND SCHOOL

All sections of this form must be completed

Name: ___________________________ Student No: ___________________________

Current Degree: ___________________________ Stage: ___________________________

Current School: ___________________________

Proposed Degree: ___________________________ Stage: ___________________________

Proposed School: ___________________________

1. Date of first registration: ___________________________

2. Current type of candidature: ____________
   (see below)
   a □
   b □

3. Proposed new type of candidature: ____________
   a □
   b □

**Type of Candidature, Period of Study and Registration Requirements**

An applicant may be approved by the relevant postgraduate sub-dean as a conditional or unconditional candidate for the degree of Doctor of Philosophy in any of the following categories:

(a) as a candidate whose minimum period of advanced study and research in the University shall normally be not less than three years of full-time study;

(b) as a candidate whose minimum period of advanced study and research shall be not less than six years of part-time study.

4. The following documents are attached (please tick as appropriate):

   Letter from candidate: □
   Other (please specify): □
   Letter from supervisor: □

5. Summary of reasons for request:

May 2004
Signed ________________ Date ________
(Candidate)
Email Address for correspondence:
______________________________________

Signed ________________ Date ________
(Main Supervisor)
Name ________________________________

* Additional Signature
Signed ________________ Date ____________
Designation ___________________________________
Name ______________________________________

Signed ________________ Date ______
(Head of School current School)
Name ________________________________

* Additional Signature
Signed ________________ Date ____________
Designation ___________________________________
Name ______________________________________

Signed ________________ Date ______
(Head of School proposed School)
Name ________________________________

* Where your Departmental/Faculty procedures require additional approval, for example, from the Director of Postgraduate Studies or second supervisor, this box should be completed.

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

Dean of Postgraduate Studies’
(Transferring Faculty)
comments:
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<tr>
<th>Approved / Not approved <em>(please delete as appropriate)</em></th>
<th>For Graduate School Office Use Only:</th>
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**Dean of Postgraduate Studies’ (Receiving Faculty) comments:**

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