

**POSTGRADUATE RESEARCH APPLICATION**

**Section 1 (a to d): TO BE COMPLETED BY THE APPLICANT**

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| Surname (Family name) and Title |
| Forename(s) |
| Previous Surname (if applicable) |
| Gender (male/female/other/prefer not to say) | Date of Birth (dd/mm/yy) |
| Permanent/Home Address (including Postcode) |
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| Telephone Number (Daytime/Work) | Telephone Number (Evening) |
| Mobile Number | Email Address |
| Nationality | Country of Birth |
| If not born in the UK, what was your date of entry into the UK? |
| Do you have any unspent Criminal Convictions? Yes / No |
| Do you have a disability or any special needs?Yes / NoWould you like us to refer you to the relevant student support services for additional support? Yes / NoIf yes, please provide full details in an accompanying letter. |
| Have you applied to or have you been a student at the University before? Yes / No |
| Are you a member of staff at the University of Chichester? Yes / NoIf yes, please state your job title and start date: |

**Section 1a**

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| **Higher Education Background (please list qualifications achieved and being taken)** |
| **Name of University/College** | **Date from** | **Date to** | **Qualification** | **Subject(s)** | **Grade** |
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**Section 1b: APPLICANTS FROM NON-MAJORITY ENGLISH SPEAKING COUNTRIES\***

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| Please indicate if you have taken any of the qualifications below, when, and the score: |
| International English Language Test (IELTS) | Date Taken | Score |
| American Test of English (TOEFL) | Date Taken | Score |
| Other English Language Test (please specify) | Date Taken | Score |
| Have you been taught in English? Yes/No |
| If yes, please state number of years and at what level (UG/Masters etc.) |

Majority English speaking countries, as approved by UKVI, are Antigua and Barbuda; Australia; The Bahamas; Barbados; Belize; Canada; Dominica; Grenada; Jamaica; New Zealand; St Kitts and Nevis; St Lucia; St Vincent and the Grenadines; Trinidad and Tobago; United States of America.

**Section 1c: RESEARCH DETAILS**

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| Name of Supervisor (if identified please also indicate below whether you have been in recent communication with the Supervisor) |
| Research Area (Delete as appropriate): Business , Dance, Theatre and Music; Education; English and Creative Writing; Engineering; History; Social Policy; Sport; Psychology; Theology, To Be Confirmed |
| Title of your proposed research project: |
| **Research Proposal (~750 words (excluding references)– please identify the key questions to be addressed in the research, methods of enquiry and if any special resources will be required):** |

**Section 1d: INTENDED PROGRAMME AND FINANCIAL DETAILS**

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| Please choose one of the following options: |
| [ ]  | I require supervision to develop my research proposal through the pre-PhD |
| [ ]  | My research proposal is ready to be considered for MPhil/PhD registration and does not require further supervision |
| Intended course of study: MPhil PhD Pre-PhD onlyMode of study: FT PT Distance (FTorPT?)  |
| Expected method of fee payment: |
| [ ] [ ] [ ] [ ]  | Self – fundedUniversity of Chichester Fee Waiver or Fee BursaryUniversity of Chichester Bursary (fees + stipend)Other (please provide details on a sponsorship form- click [here](http://www.chi.ac.uk/study-us/fees-finance/tuition-fees) for link to form, then click on ‘Downloads’) |
| Are you a recent\* University of Chichester undergraduate eligible for the Alumni discount: Yes / No \*Within the last five years - To receive alumni discount, you must [register on the alumni community website](https://alumni.chi.ac.uk/) |
| Have you been resident in the UK for the last three years: Yes / No  |
| Are you intending to apply for a visa: Yes / No |
| If yes, please specify what type: |
| Do you intend to request access to desk space/office accommodation (please note this is subject to further application and approval): Yes/No |

**Section 1e: REFERENCES**

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| Please provide details of two referees that can comment on your preparedness for Doctoral study, please provide professional/academic e-mail addresses only : |
| Name of first referee:Email address:Postal Address: |
| Name of second referee:Email address:Postal address: |

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| **I have included the following documents:** |
| **[ ]**  | **Degree Certificate/Highest Academic Qualification (Good copies are acceptable – certificates from the University of Chichester are not required, you will be required to produce original copies before, or at, registration)** |
| **[ ]**  | **Curriculum Vitae** |
| I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form or failure to disclose information relevant to this application may result in my application being rejected /registration being terminated and/or may lead to legal proceedings. I agree to supply any information that I am asked for in relation to this application. I understand that this information will be treated in confidence. I understand that the University’s administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored on a computer and may be verified against further information that I have passed on to other public bodies. |
| Signature of Applicant: | Date: |

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| Please send this form and accompanying documentation to PGRSupport@chi.ac.uk |
| This form will be reviewed by the appropriate members of academic staff to see if they can support your research proposal. Suitable candidates will be contacted for interview. |

**Section 2: TO BE COMPLETED BY THE UNIVERSITY**

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| Research Degree Coordinator Statement |
| **[ ]**  | This student can be considered for registration within the identified research degree area |
| **[ ]**  | This student cannot be considered for registration within the identified research degree area because: |
| Signed: | Date: |
| Supervisor StatementBased on the information supplied on this form, please select one of the following options: |
| **[ ]**  | I approve this candidate for interview  |
| **[ ]**  | I have decided this candidate does not require /should not be interviewed for the following reason (s): |
| Signed: | Date: |

**Section 2a: INTERVIEW RECORD**

Candidate should be interviewed by the prospective supervisor and at least one other interviewer

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| Date of Interview: |
| Attendees: |
|  | Name of Supervisor:Name(s) of additional interviewer(s): |
| Recommendation for PGR study: Yes/No |
|  | If Yes, please circle/highlight the agreed entry route: |
|  | Pre-PhDMPhilPhDPhD by Publication PhD by Practice as Research |
| Agreed start date (first working day of):  |
|  | OctoberFebruary |
| Expected fee rate: (to be confirmed via Admissions and/or Research Office) |
|  | Home/EU Fees International FeesPartial fee waiver\*Full fee waiver\*Bursary\*Other (please give details) |
| \*Please submit a completed and signed Internal Sponsorship Agreement with this application |
| Provisional supervisory team to be confirmed at Form 1 stage, please note Form 1 documentation should be submitted within three months of registration ( full time) and within six months of registration (part time)Director of Studies:Second Supervisor:Any Additional Supervisors:*(If an external supervisor is to be appointed please complete an External Supervisor Agreement and append it to this application* |
| Please indicate at which Research Degrees Group you intend your Form 1 – Research Approval to be considered;December/February /May/July  |
| Please provide an overview of the outcomes of the interview and assessment of the candidate’s suitability for the intended course of study: |

**Section 3: SIGNATURES OF APPLICANT AND RELEVANT ACADEMIC STAFF (post interview)**

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| I certify that the foregoing information is correct and I understand that any false or misleading statement made on this form or failure to disclose information relevant to this application may result in my application being rejected /registration being terminated and/or may lead to legal proceedings. I agree to supply any information that I am asked for in relation to this application. I understand that this information will be treated in confidence. I understand that the University’s administration of applications is registered under the Data Protection Act and that personal information which I have declared will be stored on a computer and may be verified against further information that I have passed on to other public bodies. |
| Signature of Applicant : | Date: |
| Signature of Supervisor: | Date: |
| Signature of Research Degree Coordinator:Head of Academic Department(s) | Date:Date: |
| Signature of Head of Research: | Date: |
| When all signatures are collected, this form will be processed by the Research Office. The applicant will be invited to register (October or November) and will need to show an original identification document (driving license/passport/birth certificate). The student will then be invoiced by the Finance department. |