

Graduate research School

registration form

PGR 1A

1a. Applicant details

**Surname**

**Forename**

**Permanent Address**

**Contact Address**

**E-mail**

**Nationality**

**PPS Number (if available)**

**Date of Birth**

**Mobile Number**

**Gender:**

**Male**

**Female**

**Nonbinary**

**Prefer not to say**

**Emergency Contact Name**

**Relationship to you**

**Mobile/ Telephone number**

**Email address**

1b. Third level education and other qualifications

**Degrees or equivalent qualifications** - Please give details of the degrees etc. you hold or expect to obtain prior to registration.

(i) University/college you attended for your primary degree or equivalent qualification

* Dates of attendance: from to
* Title of award
* Major subjects studied
* Has your degree been completed:
* Classification/grade
* Date of award

1. University/college you attended for any other degree or qualification

* Dates of attendance: from to
* Title of award
* Major subjects studied
* Has your degree been completed:
* Classification/grade
* Date of award

2. Details of proposed research

|  |  |
| --- | --- |
| **Proposed Title of Research** |  |

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| --- | --- |
| **Proposed register (please tick):**  **PgDip**  **MPhil**  **PhD**  **DMus (Performance)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Start Date:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **School:** |  | **College:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Research Centre (if applicable)** |  | **Research Institute (if applicable)** |  |

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| **Mode of Attendance:**  **(Full/Part Time)**  \*If it is intended that the student will be resident outside Ireland for a period of ≥ 3 months in any calendar year, please complete Section 4 of this form |

|  |  |
| --- | --- |
| **Name of Student Buddy:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Details**  Please complete the table below. For up to date information on graduate research fees please see <https://www.tudublin.ie/research/postgraduate-research/prospective-students/fees-scholarships/>  Start Date of Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Date of Funding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | **Funding Item** | **Amount**  **€** | **Name of Funder** | | Stipend | *e.g. 16,000* | *e.g. College of Business, SFI, IRC, etc* | | Project Costs | *e.g. 2,000* | *e.g. College of Business, SFI, etc* | | Student Fees | *e.g. 4,500* | *e.g. Student, College of Business, etc* | |

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| All research conducted in Technological University Dublin must obtain ethical approval from the TU Dublin Research Ethics Committee.  Assessment of Risk and/or Research Ethics Form Submitted YES  NO |

3. Details of supervisors

**a) Lead Supervisor**

Name:

School:

Email:

*Only New Supervisors should enter the following details:*

I have supervised the following numbers of students to completion

PgDip [\_\_\_] MPhil [\_\_\_] PhD [\_\_\_]

***b)* Supervisor 2/Associate Supervisor/Advisory Supervisor (Delete as appropriate)**

Name:

School:

Email:

*Only New Supervisors should enter the following details:*

I have supervised the following numbers of students to completion

PgDip [\_\_\_] MPhil [\_\_\_] PhD [\_\_\_]

I hereby attach the following documents:

* Transcripts of my highest third level qualification
* Copy of English proficiency test score (if applicable)
* Copy of external funding award (if applicable)
* Copy of proposed programme of research as submitted to external funding agency or as per Section 1.12 of the Research Regulations (Ed. 7)

4. Details of Research Facilities if Residing outside Ireland (if applicable)

Full Time and Part Time research students registered at TU Dublin will normally reside within Ireland. If the research proposed here is to be undertaken outside Ireland for a period ≥ 3 months in any calendar year, please complete the following:

1. **Name of Host Institution**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Name of Local Supervisor while abroad\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Rationale for registration at TU Dublin while undertaking research outside Ireland**

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1. **Work Plan** **while undertaking research outside Ireland including start and end dates**

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1. **Arrangements for taught elements while undertaking research outside Ireland**

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1. **Funding arrangements** **while undertaking research outside Ireland including start and end dates**

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5. Contact Details if Residing outside Ireland

**Contact Address while abroad**

**Tel. No.**

**Mobile/Cell No.**

**E-mail**

**Contact Person in case of emergency:**

I understand that by signing this document and returning a signed copy to the Graduate Research School Office I give my explicit consent to provide my personal data for the purposes of registration as a student at TU Dublin.

Signature Date  *Applicant*

I agree to supervise this applicant:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Lead Supervisor*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Host Institution’s Supervisor (if resident*

*outside Ireland)*

On the advice of the lead supervisor, the Head of School finds that:

* The candidate possesses or will possess the required qualifications, or equivalent, prior to registration;
* The programme of research work has been approved;
* Provision can be made for adequate supervision and training, facilities and resources including equipment, travel funding and consumables required for the proposed research programme.

Signature Date  *Head of School*

The College Board has received all relevant documentation and can confirm that the student is eligible to be registered on the relevant programme of research.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *College Head of Research*

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**IN CASE OF RESIDENCY ABROAD**

The Graduate Research School Board has assessed this application and approves the **requirement for residency outside Ireland** for the period of time indicated.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Chair -Graduate Research School Board*