

Graduate research School

Changes in registration status

PGR 5b

1. Student Details

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please select change required

LEAVE OF ABSENCE □

(please indicate the type of leave and the number of months required)

* **Adoptive (max 26 weeks) \_\_\_\_\_\_\_weeks**
* **Carer (max 52 weeks) \_\_\_\_\_\_\_weeks**
* **Compassionate**

**Max 1 week (Ireland based Family)**

**Max 2 weeks (Europe based Family)**

**Max 4 weeks (all other Regions) \_\_\_\_\_\_\_weeks**

* **Family Emergency**

**Max 1 week (Ireland based Family)**

**Max 2 weeks (Europe based Family)**

**Max 4 weeks (all other Regions) \_\_\_\_\_\_\_weeks**

* **Marriage or Civil Partnership**

**Max 2 week (Ireland based Family)**

**Max 3 weeks (Europe based Family)**

**Max 4 weeks (all other Regions) \_\_\_\_\_\_\_weeks**

* **Maternity (max 26 weeks) \_\_\_\_\_\_\_weeks**
* **Parental (max 17 weeks) \_\_\_\_\_\_\_weeks**
* **Sick (more than 3 consecutive weeks up to a max of**

**52 weeks over 4 years) \_\_\_\_\_\_weeks**

* **Work Commitments (for Part-Time students only)**

**(max 9 weeks in any given year) \_\_\_\_\_\_\_weeks**

**CHANGE FROM PART-TIME TO FULL-TIME** □

**CHANGE FROM FULL-TIME TO PART-TIME** □

**CHANGE IN RESIDENCY TO OUTSIDE IRELAND** □

**TRANSFER TO A LOWER REGISTER** □

**WITHDRAWAL FROM THE PROGRAMME** □

**Submission of the thesis is envisaged at a later stage**

**WITHDRAWAL FROM THE PROGRAMME** □

**Submission of the thesis is not envisaged**

**CHANGE OF CONTACT DETAILS** □

**Please complete Section 5**

**DATE OF COMMENCEMENT**

Please indicate which date the change should be effective from:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please state reasons for making the change

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Signature Date  *Student*

Signature Date  *Lead Supervisor*

Signature Date  *Head of School*

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

*College Head of Research*

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

*Head of Graduate Research School*

4. Details of Research Facilities if Residing outside Ireland

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**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Work Plan** **while undertaking research outside Ireland**

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1. **Contact Details while resident outside Ireland**

**Mobile/Cell No.**

**E-mail**

**Postal Address**

**Contact Person in case of emergency:**

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

*Lead Supervisor*

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

*Host Institution’s Supervisor*

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*

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**5. Details of Change of Contact Details**

Please fill out the relevant field to have your change recorded in TU Dublin’s Student System.

**Postal Address**

**Nationality**

**Mobile Number**