

## APPLICATION TO UNDERTAKE STUDY OUTSIDE THE UNIVERSITY

**MPhil and all Doctoral Programmes** 

This form should be submitted for consideration in advance of the start of the proposed outside study period for the following:

- All outside study requests of more than 4 weeks.
- All outside study requests, of any duration, by students to dangerous locations (as specified by the Foreign and Commonwealth Office and listed in the University's Staff Travel Policy) for primary research purposes.

Further information is available from the Postgraduate Research Student Administration webpages at:

http://www.ncl.ac.uk/students/progress/student-resources/PGR/OutsideStudy.htm

| SECTION 1 – To be completed by the STUDENT  |                                    |   |       |  |  |  |  |  |
|---|------------------------------------|---|-------|--|--|--|--|--|
| STUDENT DETAILS:  |                                    |   |       |  |  |  |  |  |
| Name of Student: Student Number:  | (The outcome of to you via this en | University email address:  @ncl.ac.uk  (The outcome of your application will be communicated to you via this email address) |       |  |  |  |  |  |
| Name of Supervisor(s):  | School / Institute                 | :   |       |  |  |  |  |  |
| Programme:  | Stage:                             | Full Time Part Time Combined  |       |  |  |  |  |  |
| Sponsor: (e.g. Research Council / Embassy / Other)  | Initial Registratio                | n Date:   |       |  |  |  |  |  |
| DETAILS OF PROPOSED STUDY OUTSIDE NEWCASTLE:  |                                    |   |       |  |  |  |  |  |
| Proposed location and address of Outside Study:   |                                    |   |       |  |  |  |  |  |
| Proposed dates of Outside Study (please give exact dates):  |                                    |   |       |  |  |  |  |  |
| From:(Date dd/mm/yy) To:(Date dd/mm/yy)   |                                    |   |       |  |  |  |  |  |
| Purpose of Outside Study (please tick): Primary Research (e.g. Fieldwork, study visit to library/archive/industrial unit Working from home Writing-up at home (Pending/Extended Submission) Details | :)<br>                             |   |       |  |  |  |  |  |
|   |                                    | Continue on a separate sheet if neces.  | ssary |  |  |  |  |  |

| Please explain what facilities, resources, supervision and appropriate research training will be available to you in support of your research while you are away from Newcastle:   |   |   |   |  |                               |  |  |
|--|---|---|---|--|-------------------------------|--|--|
|  |   |   |   |  |                               |  |  |
|  |   |   | Continue on   | a separate shee  | et if necessary               |  |  |
| For Primary Research A   | ctivity, please confirm th  | at you have fo  |   |  |                               |  |  |
| Completed your Project App research  | roval and where required, app   | olied for and be  | en granted ethi   | ical approval fo   | r your                        |  |  |
| Contacted your Faculty/School be attached to this application  | ool/Institute Office and compl<br>on.   | eted a Risk Asse  | essment Form.   | A copy of the fo   | orm should                    |  |  |
|  | nformation and guidance on O<br>ents/wellbeing/finance/inform   |   |   |  | dents: 🗆                      |  |  |
| _  | ommonwealth's Office (FCO) t<br>travel-and-living-abroad/trave  |   |   | ou are travelling  | g to:                         |  |  |
| Signature (Student):   |   | Have you  | consulted   | your super   | visor(s)?                     |  |  |
| Signature:   | Date:   | Yes   |   | No   |                               |  |  |
|  |   |   |   | l.   |                               |  |  |
|  |   |   |   |  |                               |  |  |
| SECTION 2 – To be co   | ompleted by the ACA   | DEMIC SUP   | ERVISOR   |  |                               |  |  |
| Please state what arrangemeduring this period, including   | ompleted by the ACA<br>ents have been made for supe<br>arrangements for the supervi<br>nts stated in the Code of Practi   | rvision (and Ani<br>sory team to ma                     | nual Progress R<br>aintain contact                                    | with the stude   | nt, in                        |  |  |
| Please state what arrangeme<br>during this period, including<br>accordance with requiremen   | ents have been made for supe<br>arrangements for the supervi  | rvision (and Ani<br>sory team to ma                     | nual Progress R<br>aintain contact<br>Degree progra                   | with the stude   | nt, in<br>idance              |  |  |
| Please state what arrangeme<br>during this period, including<br>accordance with requiremen   | ents have been made for supe<br>arrangements for the supervi<br>nts stated in the Code of Practi  | rvision (and Ani<br>sory team to ma<br>ice for Research | nual Progress R<br>aintain contact<br>Degree progra                   | with the studen  | nt, in<br>idance              |  |  |
| Please state what arrangemeduring this period, including accordance with requirement Notes):   | ents have been made for supe<br>arrangements for the supervi<br>nts stated in the Code of Practi  | rvision (and Ani<br>sory team to ma<br>ice for Research | nual Progress Raintain contact Degree progra Continue on              | with the studen  | nt, in<br>idance              |  |  |
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| Please state what arrangement during this period, including accordance with requirement Notes):  Signature (Academic Signature:  Please provide additional controls)   | ents have been made for supering arrangements for the supervints stated in the Code of Practice Supervisor):  Date:  Date:  Date:  Dompleted by the HEA   | Do you su   | continue on   | with the student mes, (see Guident mes, (see Gui | nt, in idance et if necessary |  |  |
| Please state what arrangement during this period, including accordance with requirement Notes):  Signature (Academic Signature:  Please provide additional continuous Signature (Head of | ents have been made for supering arrangements for the supervints stated in the Code of Practice Supervisor):  Date:  Date:  Date:  Dompleted by the HEA   | Do you su   | Continue on  Continue on  Continue on                                 | with the student mes, (see Guident mes, (see Gui | nt, in idance et if necessary |  |  |
| Please state what arrangement during this period, including accordance with requirement Notes):  Signature (Academic Signature:  Please provide additional continuous Signature (Head of Signature (Head of Signature (Head of Signature):   | ents have been made for superarrangements for the supervists stated in the Code of Practical Supervisor):  Date:  Date:  Dompleted by the HEAL School/Institute or  Date:   | Do you su  Yes  Do you su  OF SCHOO  Do you su          | Continue on  Continue on  Continue on                                 | with the student mes, (see Guident mes, (see Gui | nt, in idance et if necessary |  |  |
| Please state what arrangement during this period, including accordance with requirement Notes):  Signature (Academic Signature:  Please provide additional continuous Signature (Head of Signature (Head of Signature):  Signature:  Signature:  | ents have been made for superarrangements for the supervists stated in the Code of Practical Supervisor):  Date:  Date:  Dompleted by the HEAL School/Institute or  Date:   | Do you su  Yes  Do you su  OF SCHOO  Do you su          | Continue on  Continue on  Continue on                                 | with the student mes, (see Guident mes, (see Gui | nt, in idance et if necessary |  |  |

FOR STUDENTS IN THE FACULTIES OF HASS AND SAGE YOU SHOULD RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING'S GATE, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU

FOR STUDENTS IN MEDICAL SCIENCES YOU SHOULD RETURN THIS FORM TO THE MEDICAL SCIENCES GRADUATE SCHOOL, 3<sup>RD</sup> FLOOR, RIDLEY BUILDING 1, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU

## Brief guidance notes to students:

- Students should ensure that they have gained approval for their outside study before finalising any arrangements.
- All students are required to be registered continuously from commencement of their study
  until their thesis is submitted. You will remain registered during your period of outside study
  and your thesis submission deadline will be not affected. Any student who is permitted to
  undertake part of their study outside of the University is still required to pay the standard
  fees whilst within their candidature, unless alternative arrangements were approved as part
  of the admission process.
- Students should still attend the University as frequently and at such intervals as the
  supervisory team shall require, allowing for any period of study undertaken outside the
  University. As a minimum, in accordance with the Code of Practice for Research Degree
  Programmes, students should have regular contact with their academic supervisor at least
  ten times a year, approximately once per month, and should have formal contact with their
  supervisory team at least three times a year, normally once per term. In addition, candidates
  should follow any procedures for attendance monitoring that are required by their
  school/institute (e.g. monthly census contact with school office).
- Those students who are under 'Pending Submission' or 'Extended Submission' and have decided to write-up from home should remain registered and follow all contact/attendance monitoring procedures, as detailed above.

| SECTION 4 – To be completed by the DEAN OF POSTGRADUATE STUDIES   |                          |   |                             |       |       |  |  |  |  |
|---|--------------------------|---|-----------------------------|-------|-------|--|--|--|--|
| As the Dean of Postgraduate Studies, I deem that this period of outside study is appropriate; I am satisfied that suitable arrangements have been made to support the student, and will ensure that the student is informed of this decision: |                          |   |                             |       |       |  |  |  |  |
| <b>Request Approve</b>  | d [                      | ] | Request <i>not</i> approved |       |       |  |  |  |  |
| Comments:   |                          |   | Reasons:                    |       |       |  |  |  |  |
|   |                          |   |                             |       |       |  |  |  |  |
| Signature:  | Date:                    |   | Signature:                  | Date: | :     |  |  |  |  |
|   |                          |   |                             |       |       |  |  |  |  |
|   |                          |   |                             |       |       |  |  |  |  |
| RESEARCH STUDENT SUPPORT TEAM PROCESSES   |                          |   |                             |       |       |  |  |  |  |
| Action Taken:   |                          |   | Signature (RSST):           |       | Date: |  |  |  |  |
| Student emailed decision  | n (cc. supervisory team; |   |                             |       |       |  |  |  |  |
| PGR support secretary ar  | nd Finance Office)       |   |                             |       |       |  |  |  |  |
| Student Record updated  |                          |   |                             |       |       |  |  |  |  |
|   |                          |   |                             |       |       |  |  |  |  |