**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:

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1.   Date of first registration: _____

2.   Current type of candidature: a   ☐
         (*see below*)   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: ☐

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5.   Summary of reasons for request:

May 2004

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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:

May 2004

Approved / Not approved (*please delete as appropriate*)

Signed _____
                (Dean of Postgraduate Studies)

Name: _____

Date: _____

For Graduate School Office Use Only:

System Input   ☐

DB Input   ☐

Signed _____

Dean of Postgraduate Studies' (Receiving Faculty) comments:

Approved / Not approved (*please delete as appropriate*)

Signed _____
                (Dean of Postgraduate Studies)

Name: _____

Date: _____

For Graduate School Office Use Only:

System Input   ☐

DB Input   ☐

Signed _____